

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058897

FILED
May 01, 2009
Secretary of State

Entity Name: MITHRA HEALTH CLINICS LLC

Current Principal Place of Business:

1882 BRICKELL AVE
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

1882 BRICKELL AVE
MIAMI, FL 33129 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MEDICI, JEAN-AIME
1882 BRICKELL AVE
MIAMI, FL 33129 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEDICI, JEAN-AIME
Address: 1882 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129 US

Title: MGRM () Delete
Name: MCCANDLISH, RON
Address: 1882 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129 US

Title: MGRM () Delete
Name: OHAYON, SERGE
Address: 1882 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEAN-AIME MEDICI

PRES

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date