2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2009
Secretary of State

DOCUMENT# L08000088565

Entity Name: ALLEANZA HEALTH CARE ASSOCIATES, LLC

Current Principal Place of Business:

15190 SW 136 STREET
STE: 32
MIAMI, FL 33196

New Principal Place of Business:

15190 SW 136 STREET
STE: 32
MIAMI, FL 33196 US

Current Mailing Address:

15190 SW 136 STREET
STE: 32
MIAMI, FL 33196

New Mailing Address:

15190 SW 136 STREET
STE: 32
MIAMI, FL 33196 US

FEI Number: 26-3379979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

LEON, ISRAEL
15190 SW 136 STREET
STE: 32
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

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: LEON, ISRAEL
Address: 15190 SW 136 STREET STE: 32
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEON, ISRAEL
Address: 15190 SW 136 STREET STE: 32
City-St-Zip: MIAMI, FL 33196 US

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: ISRAEL LEON MGRM 07/14/2009

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