2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000100226

Entity Name: VIVA HEALTHCARE ALLIANCE, LLC

FILED Mar 31, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8004 N.W. 154TH STREET, STE. 166 14361 COMMERCE WAY MIAMI LAKES, FL 33016

102

MIAMI LAKES, FL 33016

Current Mailing Address: New Mailing Address:

8004 N.W. 154TH STREET, STE. 166 14361 COMMERCE WAY MIAMI LAKES, FL 33016

MIAMI LAKES, FL 33016

FEI Number: 45-3174269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALDES, VICTOR M.D. VALDES, VICTOR M.D. 8004 N.W. 154TH STREET, STE. 166 14361 COMMERCE WAY MIAMI LAKES, FL 33016 102

MIAMI LAKES, FL 33016 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: VICTOR VALDES, MD 03/31/2012

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

VALDES, VICTOR M.D. Name:

Address: 14361 COMMERCE WAY SUITE 102

City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM

Name: VIAMONTE, MANUEL JR.

Address: 14361 COMMERCE WAY SUITE 102

City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM

VIAMONTE-ROS, ANA MARIA Name: 14361 COMMERCE WAY SUITE 102 Address:

City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM

Name: METTS, PAUL E

14361 COMMERCE WAY SUITE 102 Address:

City-St-Zip: MIAMI LAKES, FL 33016

I hereby 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 Statues.

SIGNATURE: VICTOR VALDES, MD **MGR** 03/31/2012