## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 23, 2005 8:00 am Secretary of State 02-23-2005 90156 048 \*\*\*\*50.00

1. Entity Nan	MENT # L98000001 RED PHYSICIANS HEALT		L.C.				02-23-2005 9	90156 04	<b>!8 ****5</b> 0.	.00
Principal Place of Business Mailing Address						20015053				
20 NORTH ORANGE AVE 20 N ORANGE AVE										
SUITE 101 #101   ORLANDO, FL 32801										
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2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01112005	Chg-LLC	CR2E	083 (10/03)	
City & State		City & State			4. FEI Number 59-3524			<b> </b>	plied For	
Zip Country		Zip Cou		untry					\$5.00 Add	t Applicable
,							f Status Desired		Fee Require	
	6. Name and Address of Current	Registered Agent		Name		7. Name and A	Address of New R	legistered .	Agent	
CABRERA	A, EDWARD									
900 BAY DR #1024 4731 ANSON LANE MIAMI BEACH, FL 33141 ORLANDO, FL 32814				Street Ad	idress (F	P.O. Box Number	is Not Acceptable	e) ————		
				City				FL	Zip Code	е
	e named entity submits this state ven fi	or the purpose of changing i	ts register	ed office or r	registere	ed agent, or both	, in the State of Flo	orida. I am	familiar with,	and accept
]	tions of registered agent.									
SIGNATURE	Signature, typed or printed name of registered age	t and little if applicable. (NC	TE: Registere	ed Agent signature	e required	when reinstating)		DATE		
	\ У					<b>5</b> 00	and the second of the second o	THE PERSON NAMED IN	Car Charles (St.) 118 plan	FREE COLORS
Fi D	iling Fee is \$50.00 ue by May 1, 2005	-							ayable to lent of State	9
Fi D	ue by May 1, 2005  MANAGING MEMBI	ERS/MANAGERS	10.	· .				Departπ	ent of State	
9.	MANAGING MEMBI	ERS/MANAGERS	TITL	E			Florida	Departπ	ent of State	Addition
9.	ue by May 1, 2005  MANAGING MEMBI		TITL NAM	E	473	l ANSON	Florida ADDITIONS/	Departπ	ent of State	
9. TITLE NAME	MANAGING MEMBI MGR CABRERA, EDWARD		TITL NAM STRE	E IE		l ANSON	ADDITIONS /	Departπ	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBI MGR CABRERA, EDWARD 900 BAY DR MIAMI BEACH, FL 33141 MGR		TITL NAM STRE CITY TITL	E IE EET ADDRESS '-ST-ZIP			ADDITIONS /	Departπ	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGR CABRERA, EDWARD 900 BAY DR MIAMI BEACH, FL 33141 MGR DIANNA L NOECKER	☐ Delete☐ Delete☐ .	TITL NAM STRI CITY TITL NAM	E IE EET ADDRESS -ST-ZIP E			ADDITIONS /	Departπ	ent of State	Addition
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or millimited liability company or the receiver or truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED

Date

Daytime Phone #