

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90451 043 \*\*\*\*50.00

**34005396**



04092004 Chg-LLC CR2E083 (10/03)

4. FEI Number **APPLIED FOR 65-1170582** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
ONE SE THIRD AVE., 28TH FL  
MIAMI, FL 33131

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, MIGUEL B 55 ALHAMBRA PLAZA, 7TH FL CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, PRESIDENT, CEO ARISTIDES PALLIN 255 ALHAMBRA CIRCLE, STE 500 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, VP GEORGE FERNANDEZ 255 ALHAMBRA CIRCLE, STE 500 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARLOS ADRON 255 ALHAMBRA CIRCLE, STE 500 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BRIAN SCHACKER 255 ALHAMBRA CIRCLE, STE 500 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF MEDICAL OFFICER DR JOSE PEREZ 255 ALHAMBRA CIRCLE, STE 500 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**ARISTIDES PALLIN**

**PRES**

04/09/2004 10:33 FAX 3054412409  
04/09/2004 10:09 FAX 3054412409

CAREPLUS  
CAREPLUS

→ FRED TAMPA

009 004

Attachment  
34005396  
#M03000000 0367

March 15, 2004

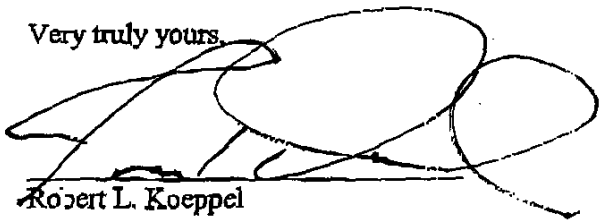
To: CarePlus Management, LLC

Re: CAREPLUS MANAGEMENT, LLC (the "Company")

Dear Sirs:

Please be advised that I hereby tender my resignation as a Director of the Company, effective immediately.

Very truly yours,



Robert L. Koepfel

Attachment  
34065396  
#M0300000367

**WRITTEN CONSENT OF THE SOLE MEMBER  
OF  
CAREPLUS MANAGEMENT, LLC**

The undersigned, being the sole Member of **CAREPLUS MANAGEMENT, LLC**, a Florida limited liability company (the "Company"), does hereby adopt this Written Consent:

**RESOLVED**, that each of the following persons are appointed to be Managers of the Board of Managers of the Company to serve in accordance with the terms of the Operating Agreement until their successors are elected and qualified, or until their earlier death, resignation, or removal from office:

**Aristides Pallin  
George Fernandez  
Carlos Padron**

Effective as of March 15, 2004

CarePlus Holdings, LLLP

By: CarePlus Management, LLC, its  
general partner

By:   
Miguel B. Fernandez, Manager

Attachment  
34005396  
#10300000000367

**WRITTEN CONSENT OF ALL OF THE MANAGERS  
OF THE BOARD OF MANAGERS  
OF  
CAREPLUS MANAGEMENT, LLC**

The undersigned, representing all of the Managers of the Board of Managers (the "Board of Managers") of CAREPLUS MANAGEMENT, LLC, a Florida limited liability company (the "Company"), do hereby unanimously adopt this Written Consent in lieu of a Meeting of the Board of Managers, waive all notice of the time, place and objects of such meeting, and consent to, ratify and approve the following resolution:

**RESOLVED**, that each of the following persons are appointed to serve in the offices set forth opposite their names, in accordance with the terms of the Operating Agreement until their successors are elected and qualified, or until their earlier death, resignation, or removal from office:

**Aristides Pallin - Chief Executive Officer and President**


**Brian S. Schacker – Chief Financial Officer**

**George Fernandez - Vice President**

**Dr. Jose Perez - Chief Medical Officer**

Effective as of March 15, 2004.

  
Aristides Pallin, Manager

  
Carlos Padron, Manager

George Fernandez, Manager

04/08/2004 10:33 FAX 3054412409

CAREPLUS

→ FRED TAMPA

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Attackmark  
3405396  
HM03 0000000367

March 15, 2004

To: CarePlus Management, LLC

Re: CAREPLUS MANAGEMENT, LLC (the "Company")

Dear Sirs:

Please be advised that I hereby tender my resignation as Director and Chief Executive Officer of the Company, effective immediately.

Very truly yours,

  
Miguel B. Fernandez