

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000001195

FILED  
Nov 10, 2004  
Secretary of State

**Entity Name:** LATIN AMERICAN HEALTH VENTURES, LLC

**Current Principal Place of Business:**

3211 PONCE DE LEON BLVD.  
SUITE 207  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

500 SANSOME STREET  
SUITE 405  
SAN FRANCISCO, CA 94111

**New Mailing Address:**

3211 PONCE DE LEON BLVD  
SUITE 207  
CORAL GABLES, FL 33134

**FEI Number:** 43-1992169      **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:**

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

CARMONA, MIGUEL  
3211 PONCE DE LEON BLVD.  
SUITE 207  
CORAL GABLES, FL 33134 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/MEMBERS:**

Title: P ( ) Delete  
Name: SCHNEIDER, GREGORIO  
Address: 500 SANSOME STREET SUITE 405  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: V ( ) Delete  
Name: CARMONA, MIGUEL  
Address: 3211 PONCE DE LEON BLVD. SUITE 207  
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete  
Name: STOFFER, JASON  
Address: 3211 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHNEIDER, GREGORIO  
Address: 500 SANSOME STREET SUITE 405  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: MGR (X) Change ( ) Addition  
Name: CARMONA, MIGUEL  
Address: 3211 PONCE DE LEON BLVD. SUITE 207  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change ( ) Addition  
Name: STOFFER, JASON  
Address: 3211 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIGUEL A CARMONA

MGR

11/10/2004

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