

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90075 001 ***110.00

30000114




01172006No Chg-LLC CR2E083 (11/05)

4. FEI Number 14-1892397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DOCUMENT # L03000028245

1. Entity Name
SEDANOS INSTITUTIONAL RX LLC.



Principal Place of Business 3900 79TH AVENUE SUITE 216 MIAMI, FL 33106	Mailing Address 3900 79TH AVENUE SUITE 216 MIAMI, FL 33106
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ARAZOZA & FERNANDEZ-FRAGA, P.A.
 2100 SALZEDO STREET, SUITE 300
 CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUERRA, ARMANDO J 3900 NW 79TH AVENUE, SUITE 608 MIAMI, FL 33106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUERVD, LEO 3900 NW 79TH AVENUE, SUITE 608 MIAMI, FL 33106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORA, JUAN 3900 NW 79TH AVENUE, SUITE 608 MIAMI, FL 33106
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/19/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #