2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2005
Secretary of State

DOCUMENT# L04000065949

Entity Name: HEALTHTAN OF THE TREASURE COAST, LLC

Current Principal Place of Business:

2261 SW STARLING DREIVE
PALM CITY, FL 34990

New Principal Place of Business:

3583 NW FEDERAL HIGHWAY
JENSEN BEACH, FL 34957

Current Mailing Address:

2261 SW STARLING DREIVE
PALM CITY, FL 34990

New Mailing Address:

2261 SW STARLING DRIVE
PALM CITY, FL 34990

FEI Number: 55-0885640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

BARGERON, CARLA
2261 SW STARLING DREIVE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

BARGERON, CARLA
2261 SW STARLING DRIVE
PALM CITY, FL 34990 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: _____ 07/03/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BARGERON, CARLA
Address: 2261 SW STARLING DREIVE
City-St-Zip: PALM CITY, FL 34990

Title: MGRM ( ) Delete
Name: BARGERON, TIM
Address: 2261 SW STARLING DREIVE
City-St-Zip: PALM CITY, FL 34990

Title: MGRM ( ) Delete
Name: BARGERON, BENJAMIN
Address: 2261 SW STARLING DREIVE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BARGERON, CARLA
Address: 2261 SW STARLING DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: MGRM (X) Change ( ) Addition
Name: BARGERON, TIM
Address: 2261 SW STARLING DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: MGRM (X) Change ( ) Addition
Name: BARGERON, BENJAMIN
Address: 2261 SW STARLING DRIVE
City-St-Zip: PALM CITY, FL 34990

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: CARLA J. BARGERON MRS. 07/03/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date