

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025863

FILED
Jan 15, 2006
Secretary of State

Entity Name: CHRYSALIS CENTER FOR HEALTH TRANSFORMATION, SARAH T. LORD, M.D., PL

Current Principal Place of Business:

5112 W. POE STREET
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

5112 W. POE STREET
TAMPA, FL 33629

New Mailing Address:

FEI Number: 20-2764665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORD, SARAH T
5112 W. POE STREET
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: LORD, SARAH T
Address: 5112 W. POE AVE
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SARAH T LORD

MGR

01/15/2006

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