2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# L05000046272

Entity Name: MAIKA HEALTHCARE, LLC

Current Principal Place of Business:

1337 COUNTRY CLUB RD
GULF BREEZE, FL 32563

New Principal Place of Business:

7552 NAVARRE PARKWAY
SUITE 10
NAVARRE, FL 32566

Current Mailing Address:

1337 COUNTRY CLUB RD
GULF BREEZE, FL 32563

New Mailing Address:

7552 NAVARRE PARKWAY
SUITE 10
NAVARRE, FL 32566

FEI Number: 20-2814172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAN, MARK M.D.
1337 COUNTRY CLUB RD
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

TRAN, MARK M.D.
7552 NAVARRE PARKWAY
SUITE 10
NAVARRE, FL 32566 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: MARK TRAN 01/05/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TRAN, MARK M.D.
Address: 2717 SUVILLE BLVD., #9202
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TRAN, MARK M.D.
Address: 1403 CHAMPIONS GREEN DRIVE
City-St-Zip: GULF BREEZE, FL 32563

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: MARK TRAN MGRM 01/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date