

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000047937

**FILED**  
**Apr 16, 2008**  
**Secretary of State**

**Entity Name:** DE NOVO HEALTH SERVICES, LLC

**Current Principal Place of Business:**

871 OUTER RD  
D  
ORLANDO, FL 32814

**New Principal Place of Business:**

**Current Mailing Address:**

601 DEARBORN AVE  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 41-2236052      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GRABACH, ELEANOR T  
601 DEARBORN AVE  
ALTAMONTE SPRINGS, FL 32701      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:** MGR      ( ) Delete  
**Name:** ELEANOR, GRABACH T  
**Address:** 601 DEARBORN AVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES:**

**Title:** MMGR      (X) Change      ( ) Addition  
**Name:** ELEANOR, GRABACH T  
**Address:** 601 DEARBORN AVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify 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: ELEANOR GRABACH      MMGR      04/16/2008

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