- 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

May 09, 2005 08:00 AM Secretary of State **DOCUMENT # L00000002445** 1. Entity Name AMERICAN HEALTH PARTNERS, L.L.C. Principal Place of Business Mailing Address 2151 WEST HILLSBORO BLVD., 2151 WEST HILLSBORO BLVD., STE 100 STE 100 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 05042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0990202 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BECKER, GLEEN A DO NOT WRITE 2151 WEST HILLSBORO BLVD., SUITE 100 DEERFIELD BEACH, FL 33442 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. 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 September 7, 2005 1100000365132 OS/09/OS-80026-018 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE BECKER, GLENN A NAME STREET ADDRESS 2151 WEST HILLSBORO BLVD., SUITE 306" DEERFIELD BEACH, FL 33442 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 geceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED