



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # L01000004181 1. Entity Name PHOENIX HEALTHCARE ASSOCIATES, LLC		
Principal Place of Business 4613 UNIVERSITY DRIVE SUITE 384 CORAL SPRINGS, FL 33067	Mailing Address 4613 UNIVERSITY DRIVE SUITE 384 CORAL SPRINGS, FL 33067	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent OWEN, WILLIAM 10121 NW 59TH COURT PARKLAND, FL 33076		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWEN, MINDY 4613 UNIVERSITY DRIVE, SUITE 384 CORAL SPRINGS, FL 33067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWEN, WILLIAM 4613 UNIVERSITY DRIVE, SUITE 384 CORAL SPRINGS, FL 33067	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 609, Florida Statutes. SIGNATURE:  WILLIAM OWEN 1/9/04 954-752-4444 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1082033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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01/13/04-80037-003 50.00