

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004883

FILED
Apr 30, 2004
Secretary of State

Entity Name: SYLVAN HEALTH SYSTEMS, LLC

Current Principal Place of Business:

2770 REGENCY OAKS BLVD
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

18167 U.S. HIGHWAY 19 NORTH
SUITE 660
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3708392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON EZELL HEALTH CARE MANAGEMENT INC.
18167 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 33764

Name and Address of New Registered Agent:

JOHNSON EZELL HEALTH CARE MANAGEMENT INC.
18167 U.S. HIGHWAY 19 NORTH
SUITE 660
CLEARWATER, FL 33764

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:

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JOHNSON EZELL HEALTH, CARE MANAGEMEN T, INC.
Address: 18167 U.S. HIGHWAY 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNSON EZELL HEALTH, CARE MANAGEMEN T, INC.
Address: 18167 U.S. HIGHWAY 19 NORTH, SUITE 660
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NEIL EZELL

MGR

04/30/2004

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