2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 06, 2004 8:00 am Secretary of State

Major Address ACKSOWNILE FL 32256 Major Address Major Add	1. Entity Nam	MENT # L01000000 OAST HEALTHCARE CON	07-06	07-06-2004 90153 046 ****50.00				
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ACKSONVILLE, FL 32256	-	>	_	Mailing Address				
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MILLIAMS, GRADY H.IR. 1279 KINOSLEY AVENUE, SUITE 117 DRANGE PARK, FL 32073 City FL Zip Code City	Zip	Country	Zip	Country	5. Certificate of Status De	sired 5.00 A	Additional	
MILLIAMS, GRADY H. IR. 279 KINGSLEY AVENUE, SUITE 117 DRANGE PARK, FL 32073 City FL Zip Code L. 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, and the State of Florida. I am familiar with, and accept the obligations of registered agent agent agracial required ag	-	6. Name and Address of Curren	Registered Agent		7. Name and Address of	New Registered Agent ~ ~		
Street Address (P.O. Box Number is Not Acceptable)	NAUL LAKAC	CDADVILID	بيدين يتناسب المتاريخ	Name		_ · · · · · · · · · · · · · · · · · · ·		
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The obligations of registered agent. Signature: Speed or printed rome of impatened agent and this if acadecable (NOTE Registered Agent alignature required when remaining) DATE Filling Fee is \$50.00 Due by September 8, 2004 MANAGING MEMSERS /MANAGERS MANAGING MEMSERS /MANAGERS DONES; TUDOR MERIT MORRI JONES; TUDOR MERIT MORRI JONES; TUDOR MARK MEGRIM GRAM GOFFMAN, MARGARET THE MARK COFFMAN, MARGARET THE MORRI COFFMAN, MARGARET THE MORRI MAKE COFFMAN, MARGARET THE MORRI MAKE COFFMAN, MARGARET THE MORRI MAKE	8. The above	e named entity submits this statement f	or the purpose of changing its	registered office or regi		FL `		
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Due by September 8, 2004 MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition Ad	JIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Agent signature req	uired when reinstating)	DATE		
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