

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011998

FILED  
May 24, 2005  
Secretary of State

**Entity Name:** ALLIANCE HEALTH CARE CENTER OF ORLANDO, LLC

**Current Principal Place of Business:**

5542 LAKE HOWELL RD.  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

5542 LAKE HOWELL RD.  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 59-3740802      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TURK, MARIA  
5542 LAKE HOWELL RD.  
WINTER PARK, FL 32792      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/MEMBERS:**

**Title:** MGRM      ( ) Delete  
**Name:** TURK, MARIA  
**Address:** 5542 LAKE HOWELL RD  
**City-St-Zip:** WINTER PARK, FL 32792

**Title:** MGRM      ( ) Delete  
**Name:** MASON, ERIC  
**Address:** 5542 LAKE HOWELL RD  
**City-St-Zip:** WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** MGRM      (X) Change ( ) Addition  
**Name:** TURK, RICHARD  
**Address:** 5542 LAKE HOWELL ROAD  
**City-St-Zip:** WINTER PARK, FL 32792

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: MARIA G. TURK

MGRM

05/24/2005

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