## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000012574



**FILED** Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90033 009 \*\*\*\*50.00

1. Entity Name NINTH ST		EALTH CARE ASS	OCIATES, LLC								
Principal Place of Business 777 NINTH STREET NORTH NAPLES, FL 34102		Mailing Address 10210 HIGHLAND MANOR DRIVE STE. 250 TAMPA, FL 33610									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102006	Chg-LLC	CR2E08	3 (11/05)				
City & State		City & State		4. FEI Number 58-263				plied For Applicable			
Zip Country		Zip	Country		5. Certificate of Status Desired   \$5.00 Additional Fee Required						
6. Name and Address of Current Re			Registered Agent				7. Name and Address of New Registered Agent				
CORPORATION REDVICE COMPANY					Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525					Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code	<b>)</b>	
8. The above	named entity	y submits this statement for	the purpose of changing its	registere	ed office or register	red agent, or bo	th, in the State of Fl		ımiliar with, a	and accept	
	ions of regist			_	-	•					
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: