


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90102 045 ***138.75

DOCUMENT # L01000013084		
1. Entity Name DOUGLAS HEALTH SERVICES, LLC		

Principal Place of Business 3406 CHEROKEE DRIVE 2803 FLIGHT SAFETY DR. VERO BEACH, FL 32960	Mailing Address 3406 CHEROKEE DRIVE 2803 FLIGHT SAFETY DR. VERO BEACH, FL 32960
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2. Principal Place of Business - No P.O. Box # 2803 Flight Safety Dr.	3. Mailing Address 2803 Flight Safety Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04082008 Chg-LLC CR2E083 (12/06)

City & State Vero Beach FL	City & State Vero Beach FL
Zip 32960	Zip 32960
Country USA	Country USA

4. FEI Number 65-1129321	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DOUGLAS, ANNE M 1250 39TH AVE VERO BEACH, FL 32960	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOUGLAS, ANNE M 1250 39TH AVE VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u><i>Anne M. Douglas</i></u> Anne M. Douglas <u>4/9/08 7277000022</u>	Date	Daytime Phone #
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