


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000017785**  
 1. Entity Name  
**ST. HELEN HEALTH CARE, L.L.C.**



Principal Place of Business <b>PO BOX 3108 PINELLAS PARK, FL 33780</b>	Mailing Address <b>PO BOX 3108 PINELLAS PARK, FL 33780</b>
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03292004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3752845</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**CONSTANTINOU, COSTAS C  
 6564 71ST AVE NORTH  
 PINELLAS PARK, FL 33781**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: registered Agent signature required when re-registering)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

U00000158287  
 05/07/04-80015-016 50.00

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONSTANTINOU, COSTAS C PO BOX 3108 PINELLAS PARK, FL
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Costas Constantinou* **04/30/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #