

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90087 006 ****50.00

DOCUMENT # L01000017785

1. Entity Name
ST. HELEN HEALTH CARE, L.L.C.



Principal Place of Business
PO BOX 3108
PINELLAS PARK, FL 33780

Mailing Address
PO BOX 3108
PINELLAS PARK, FL 33780

DO NOT WRITE IN THIS SPACE



06212005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3752845	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 7, 2005**

9. 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)(i), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #