

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 03, 2006  
Secretary of State**

DOCUMENT# L01000017785

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

**Current Principal Place of Business:**

PO BOX 3108  
PINELLAS PARK, FL 33780

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3108  
PINELLAS PARK, FL 33780

**New Mailing Address:**

FEI Number: 59-3752845      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:**

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

CONSTANTINOU, COSTAS C  
6564 71ST AVE NORTH  
PINELLAS PARK, FL 33781      US

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/MANAGERS:**

Title:            P            ( ) Delete  
Name:            CONSTANTINOU, COSTAS C  
Address:        PO BOX 3108  
City-St-Zip:    PINELLAS PARK, FL

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: COSTAS C CONSTANTINOU

P

05/03/2006

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