

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

| <b>DOCUMENT # L02000000376</b><br>1. Entity Name<br><b>GENESIS HEALTH CLUB LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |                                 |                                                                              |                                                        |                                                              |                                |  |  |                         |  |  |       |      |                                 |       |  |                                                              |      |                  |  |      |  |  |                |                         |  |                |  |  |                 |                |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Principal Place of Business<br><b>118 NORTH WASHINGTON ST.<br/>PERRY FL 32347<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                 | Mailing Address<br><b>118 NORTH WASHINGTON ST.<br/>PERRY FL 32347<br/>US</b> |                                                                                                                                          |                                                              |                                |  |  |                         |  |  |       |      |                                 |       |  |                                                              |      |                  |  |      |  |  |                |                         |  |                |  |  |                 |                |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                |                                                                                                                                          |                                                              |                                |  |  |                         |  |  |       |      |                                 |       |  |                                                              |      |                  |  |      |  |  |                |                         |  |                |  |  |                 |                |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                 | City & State<br><br>Zip      Country                                         |                                                                                                                                          |                                                              |                                |  |  |                         |  |  |       |      |                                 |       |  |                                                              |      |                  |  |      |  |  |                |                         |  |                |  |  |                 |                |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. FEI Number <b>04-3599281</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                                 |                                                                              | Applied For<br><input type="checkbox"/> Not Applicable                                                                                   |                                                              |                                |  |  |                         |  |  |       |      |                                 |       |  |                                                              |      |                  |  |      |  |  |                |                         |  |                |  |  |                 |                |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                 |                                                                              | <b>\$5.00 Additional Fee Required</b>                                                                                                    |                                                              |                                |  |  |                         |  |  |       |      |                                 |       |  |                                                              |      |                  |  |      |  |  |                |                         |  |                |  |  |                 |                |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GUNTER, MAGGIE F<br/>118 NORTH WASHINGTON ST.<br/>PERRY FL 32347</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                 |                                                                              | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                              |                                |  |  |                         |  |  |       |      |                                 |       |  |                                                              |      |                  |  |      |  |  |                |                         |  |                |  |  |                 |                |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 re-registering)      DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                                 |                                                                              |                                                                                                                                          |                                                              |                                |  |  |                         |  |  |       |      |                                 |       |  |                                                              |      |                  |  |      |  |  |                |                         |  |                |  |  |                 |                |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                 |                                                                              |                                                                                                                                          |                                                              |                                |  |  |                         |  |  |       |      |                                 |       |  |                                                              |      |                  |  |      |  |  |                |                         |  |                |  |  |                 |                |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td>GUNTER, MAGGIE F</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>118 N WASHINGTON STREET</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PERRY FL 32347</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> </tbody> </table> |                         |                                 |                                                                              |                                                                                                                                          |                                                              | 9. MANAGING MEMBERS / MANAGERS |  |  | 10. ADDITIONS / CHANGES |  |  | TITLE | MGRM | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Add | NAME | GUNTER, MAGGIE F |  | NAME |  |  | STREET ADDRESS | 118 N WASHINGTON STREET |  | STREET ADDRESS |  |  | CITY - ST - ZIP | PERRY FL 32347 |  | CITY - ST - ZIP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                 | 10. ADDITIONS / CHANGES                                                      |                                                                                                                                          |                                                              |                                |  |  |                         |  |  |       |      |                                 |       |  |                                                              |      |                  |  |      |  |  |                |                         |  |                |  |  |                 |                |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MGRM                    | <input type="checkbox"/> Delete | TITLE                                                                        |                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                |  |  |                         |  |  |       |      |                                 |       |  |                                                              |      |                  |  |      |  |  |                |                         |  |                |  |  |                 |                |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GUNTER, MAGGIE F        |                                 | NAME                                                                         |                                                                                                                                          |                                                              |                                |  |  |                         |  |  |       |      |                                 |       |  |                                                              |      |                  |  |      |  |  |                |                         |  |                |  |  |                 |                |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 118 N WASHINGTON STREET |                                 | STREET ADDRESS                                                               |                                                                                                                                          |                                                              |                                |  |  |                         |  |  |       |      |                                 |       |  |                                                              |      |                  |  |      |  |  |                |                         |  |                |  |  |                 |                |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PERRY FL 32347          |                                 | CITY - ST - ZIP                                                              |                                                                                                                                          |                                                              |                                |  |  |                         |  |  |       |      |                                 |       |  |                                                              |      |                  |  |      |  |  |                |                         |  |                |  |  |                 |                |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Maggie F. Gunter*      *Maggie F. Gunter*      2/13/06 (850) 584-5111