

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003982

FILED
Mar 02, 2006
Secretary of State

Entity Name: SPECIALTY HEALTH ASSESSMENTS, LLC

Current Principal Place of Business:

124 RIVER BLUFF DR
ORMOND BEACH, FL 32174

New Principal Place of Business:

595 WEST GRANADA BLVD.
SUITE A
ORMOND BEACH, FL 32174

Current Mailing Address:

124 RIVER BLUFF DR
ORMOND BEACH, FL 32174

New Mailing Address:

595 WEST GRANADA BLVD.
SUITE A
ORMOND BEACH, FL 32174

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGINNIS, SHELLIE D
124 RIVER BLUFF DR
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

MCGINNIS, SHELLIE D
595 WEST GRANADA BLVD.
SUITE A
ORMOND BEACH, FL 32174 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: SHELLIE D. MCGINNIS

03/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCGINNIS, SHELLIE D
Address: 124 RIVER BLUFF DR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCGINNIS, SHELLIE D
Address: 595 W. GRANADA BLVD., SUIT E A
City-St-Zip: ORMOND BEACH, FL 32174

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: SHELLIE D. MCGINNIS

M/M

03/02/2006

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