

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000009746

1. Entity Name
ALEXANDRA HEALTHCARE, LLC



Principal Place of Business

**110 N. KIRKMAN ROAD
ORLANDO, FL 32811**

Mailing Address

**110 N. KIRKMAN ROAD
ORLANDO, FL 32811**



04062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0681151

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GROSSMAN, GARY
110 N. KIRKMAN ROAD
ORLANDO, FL 32811**

TITLE
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CITY-ST-ZIP

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04/12/05-80021-020 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

4/6/05

Date

407-291-1000

Daytime Phone #