

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000009746

Entity Name: ALEXANDRA HEALTHCARE, LLC

**FILED**  
**Mar 27, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

110 N. KIRKMAN ROAD  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

110 N. KIRKMAN ROAD  
ORLANDO, FL 32811

**New Mailing Address:**

FEI Number: 01-0681151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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: MGR ( ) Delete  
Name: GROSSMAN, GARY  
Address: 110 N. KIRKMAN ROAD  
City-St-Zip: ORLANDO, FL 32811

**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: GARY S. GROSSMAN, D.C.

MGR.

03/27/2007

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