


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90028 004 \*\*\*\*50.00

|  |   |
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| <b>DOCUMENT # L02000014722</b>                               |  |
| 1. Entity Name<br><b>TWENTY-FIRST CENTURY HEALTH, L.L.C.</b> |   |

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| Principal Place of Business<br><b>6387 CENTRAL AVENUE<br/>ST PETERSBURG, FL 33710</b> | Mailing Address<br><b>PO BOX 5153<br/>GULFPORT, FL 33737</b> |
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| 2. Principal Place of Business<br><b>3025 Clinton St S.</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
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|                                 |              |
|---------------------------------|--------------|
| City & State<br><b>Gulfport</b> | City & State |
| Zip<br><b>FL 33707</b>          | Country      |

02202004 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number<br><b>71-0893669</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

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|--|--|
| 6. Name and Address of Current Registered Agent<br><b>WALK, JANICE V<br/>6387 CENTRAL AVENUE<br/>ST PETERSBURG, FL 33710</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name <b>Janice V Walk, Mgr</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3025 Clinton St S.</b><br><b>Gulfport FL</b><br>City <b>Gulfport</b> FL Zip Code <b>33707</b> |  |
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| 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.<br>SIGNATURE <b>Janice V Walk</b> DATE <b>4/13/04</b> |  |
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| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS / MANAGERS                     |  | 10. ADDITIONS / CHANGES                            |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGR<br/>WALK, JANICE V<br/>3025 CLINTON STREET SOUTH<br/>GULFPORT, FL 33707</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <b>Janice V Walk Mgr</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  | Date <b>4/13/04</b> Daytime Phone # <b>(727) 7424434</b> |