


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90061 023 \*\*\*\*55.00

<b>DOCUMENT # L02000016615</b> 1. Entity Name <b>ASHFIELD HEALTHCARE, LLC</b>	
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Principal Place of Business <b>515B LONGMEADOW STREET CELEBRATION, FL 34747</b>	Mailing Address <b>515B LONGMEADOW STREET CELEBRATION, FL 34747</b>
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**20000928**



2. Principal Place of Business <b>610 Sycamore Street</b> Suite, Apt. #, etc. <b>Suite 320</b> City & State <b>Celebration, Florida</b> Zip <b>34747</b> Country <b>USA</b>	3. Mailing Address <b>610 Sycamore Street</b> Suite, Apt. #, etc. <b>Suite 320</b> City & State <b>Celebration, Florida</b> Zip <b>34747</b> Country <b>USA</b>
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01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>61-1420419</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent <b>CAPITOL CORPORATE SERVICES 1333 N. DUVAL STREET TALLAHASSEE, FL 32303</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRP MISTRY, PRATIK 515B LONGMEADOW STREET CELEBRATION, FL 34747</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Paul Chand 610 Sycamore Street suite 320 Celebration, FL 34747</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**



**1/12/06 321-939-1035**

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

Date

Daytime Phone #