2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# L02000016615

Entity Name: ASHFIELD HEALTHCARE, LLC

Current Principal Place of Business:

610 SYCAMORE ST.
SUITE 320
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

610 SYCAMORE ST.
SUITE 320
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 61-1420419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: VP ( ) Delete
Name: CHARD, PAUL
Address: 610 SYCAMORE ST. SUITE 320
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: CHARD, PAUL
Address: 610 SYCAMORE ST. SUITE 320
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify 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: PAUL CHARD PRES 01/15/2008

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