2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006
Secretary of State

DOCUMENT# L02000016954

Entity Name: APPLIED HEALTH OUTCOMES, L.L.C.

Current Principal Place of Business:

3488 EAST LAKE ROAD
201
PALM HARBOR, FL 34685

New Principal Place of Business:

4114 WOODLANDS PARKWAY
500
PALM HARBOR, FL 34685

Current Mailing Address:

3488 EAST LAKE ROAD
201
PALM HARBOR, FL 34685

New Mailing Address:

4114 WOODLANDS PARKWAY
500
PALM HARBOR, FL 34685

FEI Number: 04-3697141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT, MAUCH P
3488 EAST LAKE ROAD
201
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

ROBERT, MAUCH P JR
4114 WOODLANDS PARKWAY
500
PALM HARBOR, FL 34685 US

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: ROBERT P. MAUCH JR 03/08/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MAUCH, ROBERT P JR
Address: 3488 EASTLAKE ROAD
City-St-Zip: PALM HARBOR, FL 34685

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MAUCH, ROBERT P JR
Address: 4114 WOODLANDS PARKWAY SUITE 500
City-St-Zip: PALM HARBOR, FL 34685

Title: MGR ( ) Change (X) Addition
Name: NIGHTENGALE, BRIAN
Address: 4114 WOODLANDS PARKWAY SUITE 500
City-St-Zip: PALM HARBOR, FL 34685

Title: MGR ( ) Change (X) Addition
Name: LAWRENCE, BRYAN
Address: 4114 WOODLANDS PARKWAY SUITE 500
City-St-Zip: PALM HARBOR, FL 34685

Title: MGR ( ) Change (X) Addition
Name: FLEMISTER, KRISTINE
Address: 4114 WOODLANDS PARKWAY SUITE 500
City-St-Zip: PALM HARBOR, FL 34685

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: ROBERT P. MAUCH JR MRG 03/08/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date