

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020390

FILED
Aug 11, 2006
Secretary of State

Entity Name: ANACARE HEALTH SERVICES, PL

Current Principal Place of Business:

931 NO STATE RD 434 STE. 1201 #226
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

931 NO STATE RD 434
SUITE 1201#226
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

931 NO STATE RD 434 STE. 1201 #226
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

931 NO STATE RD 434
SUITE 1201# 226
ALTAMONTE SPRINGS, FL 32714

FEI Number: 82-0544286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HEERS, RAYMOND
931 NO STATE RD 434 STE. 1201 #226
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

HEERS, RAYMOND MANGER
931 NO STATE RD 434
SUITE1201 #226
ALTAMONTE SPRINGS, FL 32714 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: RAYMOND HEERS,MANGER

08/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RACKI, PAUL CRNA
Address: 931 N ST RD 434 STE 1201 #226
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: PAUL RACKI, MANAGING MEMBER

MGR.

08/11/2006

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