

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024694

FILED
Feb 10, 2004
Secretary of State

Entity Name: STARBRIDGE HEALTHCARE GROUP LLC

Current Principal Place of Business:

331 SOUTH FLORIDA AVENUE, SUITE 400
LAKELAND, FL 338014626

New Principal Place of Business:

101 EAST KENNEDY BOULEVARD
SUITE 1250
TAMPA, FL 336025197

Current Mailing Address:

331 SOUTH FLORIDA AVENUE, SUITE 400
LAKELAND, FL 338014626

New Mailing Address:

101 EAST KENNEDY BOULEVARD
SUITE 1250
TAMPA, FL 336025197

FEI Number: 11-3695793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ATKINSON, JOHN M
101 E. KENNEDY BLVD., SUITE 1250
TAMPA, FL 33602 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/MEMBERS:

Title: MGR () Delete
Name: ATKINSON, RONALD C
Address: 331 SOUTH FLORIDA AVENUE, SUITE 400
City-St-Zip: LAKELAND, FL 338014626

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ATKINSON, JOHN M
Address: 101 EAST KENNEDY BLVD, STE 1250
City-St-Zip: TAMPA, FL 336025197

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN M. ATKINSON

MGR

02/10/2004

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