

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90019 045 ****50.00

DOCUMENT # L02000024694 1. Entity Name STARBRIDGE HEALTHCARE GROUP LLC					
Principal Place of Business 101 EAST KENNEDY BOULEVARD SUITE 1250 TAMPA, FL 33602-5197			Mailing Address 101 EAST KENNEDY BOULEVARD SUITE 1250 TAMPA, FL 33602-5197		
2. Principal Place of Business 331 S. Florida Ave.. Suite, Apt. #, etc. Suite 400		3. Mailing Address 331 S. Florida Ave.. Suite, Apt. #, etc. Suite 400			
City & State Lakeland, FL		City & State Lakeland, FL		03282005 Chg-LLC CR2E083 (10/03)	
Zip 33801		Zip 33801		4. FEI Number 11-3695793	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ATKINSON, JOHN M 101 E. KENNEDY BLVD., SUITE 1250 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Eanett, Darlene D. Street Address (P.O. Box Number is Not Acceptable) 331 S. Florida Ave., Suite 400 City Lakeland, FL Zip Code 33801-4626	
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: <u><i>Darlene Eanett</i></u> <u><i>Darlene Eanett</i></u> <u>4-8-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ATKINSON, JOHN M 101 EAST KENNEDY BLVD, STE 1250 TAMPA, FL 336025197	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Eanett, Darlene D. 331 S. Florida Ave, Suite 400 Lakeland, FL 33801-4626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Michael J Gardyas 331 S. Florida Ave, Suite 400 Lakeland, FL 33801-4626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Darlene Eanett</i></u> <u><i>Darlene Eanett</i></u>			<u>4-8-05</u> <u>863-687-4010</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		