2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: WAVELUN CHARLES CONTROL OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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

| DOCUMENT # L02000024694 1. Entity Name STARBRIDGE HEALTHCARE GROUP LLC | | | | | | | 04-12-2005 | 90019 045 **** | 50.00 |
|---|----------------------|---|--|--|--|--|--|---|--|
| Principal Plac | e of Business | i | Mailing Address | | | 1 | | | |
| 101 EAST KENNEDY BOULEVARD SUITE 1250 | | | 101 EAST KENNEDY BOULEVARD Suite 1250 | | | | | | |
| TAMPA, FL 33602-5197 | | | TAMPA, FL 33602-5197 | | | 1 1111111111111111111111111111111111111 | | AF 11 0 11011 F1070 B1110 10711 | |
| 2. Principal P | Place of Busine | ess | 3. Mailing Address | | | | | | |
| 331 S. Florida Ave Suite, Apt. #, etc. | | | 331 S. Florida Ave. | | | - | ISTIN KINSI BESIL SANII BEN | 131 WWILLIAM ISM IT MISM EN MISLAM 40(1) | ESDOBS IN SEEL |
| Suite 400 | | | Suite 400 | | | 03282005 | Chg-LLC | CR2E083 (10/0 | 3) |
| City & State | | | City & State | | 4. FEI Number | | ⊢ | Applied For | |
| Lakeland | akeland, FL Country | | Lakeland, FL | | ry | 11-3695 | | _ \$5.00 / | Not Applicable |
| 33801 | | USA | | USA | | | of Status Desired | Fee Requ | |
| | 6. Name | and Address of Current R | tegistered Agent | | Name, | | Address of New F | Registered Agent | |
| ATKINSON, JOHN M 101 E. KENNEDY BLVD., SUITE 1250 | | | | | | t, Darlene D. a (P.O. Box Number is Not Acceptable) | | | |
| TAMPA, F | | .VD., SUITE 1250 | | | Oliobi Addiosa | (P.O. Box Number is Not Acceptable) | | | |
| , | | | | | 331 S.F1 | orida Ave | ., Suite | 400 | |
| | | | | | City Lakeland | • | | FL 3 ^{Zip C} 3380 | ode)1-4626 |
| 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 ogistered agent. | | | | | | | | | |
| Mulana I danat Daylene Fanett 4-8-05 | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| Filing Fee Is \$50.00 Due by May 1, 2005 | | | | | | | | s check payable to | |
| 1 | | , | | | | | Fiorida | a Department of St | ate |
| 9. | | MANAGING MEMBER | | 10. | | | ADDITIONS | | ate |
| 9. TITLE | MGR ATKINSON | MANAGING MEMBER | IS/MANAGERS A Delete | TITLE | | sident | ADDITIONS | | |
| TITLE | ATKINSON | | ⊠ Delete | TITLE | Ean | ett, Darl | ADDITIONS, | /CHANGES | |
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| TITLE NAME STREET ADDRESS | ATKINSON 101 EAST | MANAGING MEMBER N, JOHN M KENNEDY BLVD, STE | ⊠ Delete | TITLE NAME STREE | Ean 331 ST-ZIP Lak Sec | ett, Darl S. Flori <u>eland, FL</u> retary | ADDITIONS, ene D. da Ave, S 33801-4 | /CHANGES ☐ Chang | e 🔀 Addition |
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