


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90056 044 ****50.00

DOCUMENT # L02000024694 1. Entity Name STARBRIDGE HEALTHCARE GROUP LLC					
Principal Place of Business 331 S FLORIDA AVE SUITE 400 LAKELAND, FL 33801			Mailing Address 331 S FLORIDA AVE SUITE 400 LAKELAND, FL 33801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-3695793	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EANETT, DARLENE D 331 S FLORIDA AVE SUITE 400 LAKELAND, FL 33801-4626				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EANETT, DARLENE D		NAME		
STREET ADDRESS	331 S FLORIDA AVE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 338014626		CITY-ST-ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDYASZ, MICHAEL J		NAME		
STREET ADDRESS	331 S FLORIDA AVE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 338014626		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Darlene Eanett</i> <i>Darlene Eanett</i> <i>3/31/06</i> <i>863-687-4010</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					