

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024694

FILED
Apr 24, 2007
Secretary of State

Entity Name: STARBRIDGE HEALTHCARE GROUP LLC

Current Principal Place of Business:

331 S FLORIDA AVE
SUITE 400
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

331 S FLORIDA AVE
SUITE 400
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 11-3695793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EANETT, DARLENE D
331 S FLORIDA AVE
SUITE 400
LAKELAND, FL 338014626 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/MANAGERS:

Title: P () Delete
Name: EANETT, DARLENE D
Address: 331 S FLORIDA AVE, SUITE 400
City-St-Zip: LAKELAND, FL 338014626

Title: S () Delete
Name: GARDYASZ, MICHAEL J
Address: 331 S FLORIDA AVE, SUITE 400
City-St-Zip: LAKELAND, FL 338014626

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DARLENE D. EANETT

P

04/24/2007

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