


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000027105</b> 1. Entity Name WBB HEALTHCARE, LLC	
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Principal Place of Business 10109 LAKE LAMAR COURT JACKSONVILLE, FL 32256	Mailing Address 10109 LAKE LAMAR COURT JACKSONVILLE, FL 32256
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04262004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  BUCK, BARBARA BUTLER 10109 LAKE LAMAR COURT JACKSONVILLE, FL 32256
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and (file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRP BUTLER, WALTER 8134 MIDDLE FORK WAY JACKSONVILLE, FL 32256
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04/29/04-80143-019 50.00

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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:** Barbara Buck 4/26/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #