2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L03000004222

Entity Name: INTERIM HEALTH PARTNERS, LLC

Current Principal Place of Business:

419 ISLEBAY DRIVE
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

419 ISLEBAY DRIVE
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 30-0148258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STANLEYSMITH, MILLIE PRES
419 ISLEBAY DRIVE
APOLLO BEACH, FL 33572 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: MGR ( ) Delete
Name: STANLEYSMITH, MILLIE PRES
Address: 419 ISLEBAY DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: STANLEYSMITH, MILLIE
Address: 419 ISLEBAY DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

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: MILLIE STANLEYSMITH PRES 04/18/2006

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