

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031117

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** TRI-STATE HEALTHCARE OF WEST CARROLTON, LLC

**Current Principal Place of Business:**

1680 MICHIGAN AVE  
736  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1680 MICHIGAN AVE  
736  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

**FEI Number:** 01-0795224      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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: SHISGUL, BARRY  
Address: 1111 KANE CONCOURSE, SUITE 301  
City-St-Zip: BAY HARBOR, FL 33154

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHISGUL, BARRY  
Address: 1680 MICHIGAN AVENUE SUITE 736  
City-St-Zip: MIAMI BEACH, FL 33139

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: BARRY SHISGUL

MGR

04/26/2006

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