

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90041 024 \*\*\*\*50.00

**DOCUMENT # L03000039129**

1. Entity Name  
**PALM HEALTHGROUP LLC**



Principal Place of Business  
**25 6TH ST. NORTH  
NAPLES, FL 34102**

Mailing Address  
**1055 POMPEI LANE  
NAPLES, FL 34103**

2. Principal Place of Business

3. Mailing Address

**25 6TH ST. N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**NAPLES, FL**

Zip

Country

Zip

Country

**34102**

03242005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

**41-2112356**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANKLIN-PRESCOTT, JENNIFER  
25 6TH ST. NORTH  
NAPLES, FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FRANKLIN-PRESCOTT, JENNIFER A MGR  
25 6TH. ST. NORTH  
NAPLES, FL 34102** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**JENNIFER FRANKLIN-PRESCOTT**

**4/13/05**