2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/3/2004-90129-016-350.00-350.00

FILED

04 OCT 21 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000043753

1. Entity Name
STRATA HEALTHCARE, LLC

Principal Place of Business	Mailing Address
7344 N.W. 5TH ST. PLANTATION, FL 33317 new address	7344 N.W. 5TH ST. PLANTATION, FL 33317 New Address

2. Principal Place of Business	3. Mailing Address
950 S PINE ISLAND RD	950 S. PINE ISLAND RD
Suite, Apt. #, etc. A-150 - 1074	Suite, Apt. #, etc. A150-1074
City & State PLANTATION, FL	City & State PLANTATION, FL
Zip 33324 Country USA	Zip 33324 Country USA

04A62804 Chg-LLC CR2EC083 (10/03)

4. FEI Number
20-0381757

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, GARY
100 S. ASHLEY DR., STE 1500
TAMPA, FL 33602

7. Name and Address of New Registered Agent

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 _____ DATE

Filing Fee is $350.00
Due by May 1, 2004

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
MANAGING MEMBER Russell Hutchinson 950 S. PINE ISLAND RD. FL33 A150-1074 PLANTATION, FL333	☐ Delete
CHARLES H. ROLLINSON MANAGING MEMBER 950 S PINE ISLAND RD. FL33 A150-1074, PLANTATION, FL33	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
10/21 Must	☐ Change ☐ Addition
	☐ 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 other person empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4-25-04 Date

Daytime Phone #