2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2004
Secretary of State

DOCUMENT# L03000043941

Entity Name: BEACON HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

301 E. PINE ST., STE. 350
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

301 E. PINE ST., STE. 350
ORLANDO, FL 32801

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R JR, ESQ
1000 LEGION PLACE, STE 1700
ORLANDO, FL 32801 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/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: WILLIAMS, DARYL B
Address: 301 E. PINE STREET, SUITE 350
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DARYL B. WILLIAMS MGR 03/02/2004

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