2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2006
Secretary of State

DOCUMENT# L03000050994

Entity Name: PRIME CARE OF PALM BEACH P.L.

Current Principal Place of Business:

3199 LAKE WORTH ROAD
B4
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

11852 OSPREY POINTE CIR
WELLINGTON, FL 334678369

New Mailing Address:

FEI Number: 80-0084654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELPEDES, FELIX S JR
11852 OSPREY POINTE CIR
WELLINGTON, FL 334678369 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: ELPEDES, FELIX S
Address: 3199 LAKE WORTH ROAD B4
City-St-Zip: LAKE WORTH, FL 33461 US

Title: MGR ( ) Delete
Name: ELPEDES, ROSIE NEL R
Address: 3199 LAKE WORTH ROAD B4
City-St-Zip: LAKE WORTH, FL 33461 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: FELIX S ELPEDES JR RA 03/12/2006

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