2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# L04000002399

Entity Name: HEALTH LINK ASSOCIATES, LLC

Current Principal Place of Business:

5362 SPRING HILL DRIVE
SPRING HILL, FL 34606 US

New Principal Place of Business:

Current Mailing Address:

4468 GOLF CLUB LANE
BROOKSVILLE, FL 34609 US

New Mailing Address:

5362 SPRING HILL DRIVE
SPRING HILL, FL 34606 US

FEI Number: 20-0571882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERRE, CHRISTINE
4468 GOLF CLUB LANE
BROOKSVILLE, FL 34609 US

Name and Address of New Registered Agent:

PIERRE, CHRISTINE
5362 SPRING HILL DRIVE
SPRING HILL, FL 34606 US

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: CHRISTINE PIERRE 04/21/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: PIERRE, JUDE
Address: 4468 GOLF CLUB LANE
City-St-Zip: BROOKSVILLE, FL 34609 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PIERRE, JUDE
Address: 5362 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34606 US

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: JUDE PIERRE MRGM 04/21/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date