
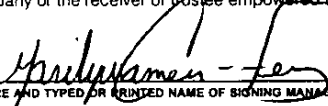


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90040 046 \*\*\*138.75

DOCUMENT # L04000005600			
1. Entity Name CATALINA HEALTH CARE ASSOCIATES, LLC			
Principal Place of Business 820 N. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32117		Mailing Address 303 PERIMETER CIRCLE NORTH STE 500 ATLANTA, GA 30346	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 303 Perimeter Center North	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 500	
City & State		City & State Atlanta, GA	
Zip		Country US	
Country		30346	
Country		US	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
03282008 Chg-LLC		CR2E083 (12/06)	
4. FEI Number 20-1135070		Applied For Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRASSO, JO-ANN 820 NORTH CLYDE MORRIS BLVD DAYTONA BEACH, FL 32117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Marilyn Cameron-Ferenz 820 North Clyde Morris Blvd. Daytona Beach, FL 32117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Marilyn Cameron-Ferenz, Manager	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		4-22-08 386-274-4575	
		Daytime Phone #	