2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# L04000006169

Entity Name: PROVIDIAN FUNCTIONAL CAPACITY SPECIALISTS, LLC

Current Principal Place of Business:

11149 LOSCO JUNCTION DRIVE SOUTH
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

11149 LOSCO JUNCTION DRIVE SOUTH
JACKSONVILLE, FL 32257 US

New Mailing Address:

P.O. BOX 57504
JACKSONVILLE, FL 32241 US

FEI Number: 75-3144487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

IMLER, BRIAN
11149 LOSCO JUNCTION DRIVE SOUTH
JACKSONVILLE, FL 32257 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: MGRM ( ) Delete
Name: IMLER, BRIAN
Address: 11149 LOSCO JUNCTION DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES:

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 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: BRIAN IMLER MR 05/01/2005

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