

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90648 022 ****55.00

DOCUMENT # L04000006231

1. Entity Name
 EXPRESS CARE OF TAMPA BAY LLC.



Principal Place of Business: 6496 US HWY 41 NORTH, APOLLO BEACH, FL 33572 US
 Mailing Address: 5711 HAWKLAKE ROAD, LITHIA, FL 33547 US

20033033



2. Principal Place of Business: 6496 US Hwy 41 N.
 3. Mailing Address: 6496 US Hwy 41 N.

05232005 Chg-LLC CR2E083 (10/03)

City & State: Apollo Beach FL
 City & State: Apollo Beach FL

4. FEI Number: 20-0656648
 Applied For: Not Applicable

Zip: 33572 Country: US
 Zip: 33572 Country: US.

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: RAHMAN, KHAWAJA A, 5711 HAWKLAKE ROAD, LITHIA, FL 33547
 7. Name and Address of New Registered Agent: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by September 7, 2005
 Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGR NAME: RAHMAN, KHAWAJA A STREET ADDRESS: 5711 HAWKLAKE ROAD CITY-ST-ZIP: LITHIA, FL 33547	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: KHAN, ABDUS S STREET ADDRESS: 8755 MORRISON OAK COURT CITY-ST-ZIP: TEMPLE TERRACE, FL 33637	<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 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 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: ABDUS SALAM KHAN Date: 5/25/05 Daytime Phone #: 833 641 0068