

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006231

**FILED**  
**Jan 06, 2006**  
**Secretary of State**

**Entity Name:** EXPRESS CARE OF TAMPA BAY LLC.

**Current Principal Place of Business:**

6496 US HIGHWAY 41 NORTH  
APOLLO BEACH, FL 33572 US

**New Principal Place of Business:**

**Current Mailing Address:**

6496 US HIGHWAY 41 NORTH  
APOLLO BEACH, FL 33572 US

**New Mailing Address:**

**FEI Number:** 20-0656648      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAHMAN, KHAWAJA A  
5711 HAWKLAKE ROAD  
LITHIA, FL 33547 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: RAHMAN, KHAWAJA A  
Address: 5711 HAWKLAKE ROAD  
City-St-Zip: LITHIA, FL 33547 US

Title: MGR ( ) Delete  
Name: KHAN, ABDUS S  
Address: 8755 MORRISON OAK COURT  
City-St-Zip: TEMPLE TERRACE, FL 33637 US

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: KHAN, ABDUS S  
Address: 12930 SANCTUARY COVE DR APT 1923  
City-St-Zip: TEMPLE TERRACE, FL 33637 US

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: ASKHAN

MGR

01/06/2006

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