2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2005
Secretary of State

DOCUMENT# L04000007311

Entity Name: RBC HEALTH CLINICS, LLC

Current Principal Place of Business:

6251 PHILIPS HWY.
SUITE #1 & 2
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

671 NE 195 ST
306E
NORTH MIAMI, FL 33179

New Mailing Address:

FEI Number: 20-0649518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

D-CHARLES, CLAUDE
6251 PHILIPS HWY.
SUITE #1 & 2
JACKSONVILLE, FL 32216 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:	D-CHARLES, CLAUDE
Address:	671 NE 195 ST., #306E
City-St-Zip:	NORTH MIAMI, FL 33179

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: CLAUDE D-CHARLES MGR 03/01/2005

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