

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016318

FILED
Sep 13, 2005
Secretary of State

Entity Name: QUANTUM HEALTH SYSTEMS, LLC

Current Principal Place of Business:

273 OAKRIDGE P
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

273 OAKRIDGE P
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

1740 PERSIMMON DRIVE
NAPLES, FL 34109 US

FEI Number: 11-3713159 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:

LICHT, BENJAMIN P
273 OAKRIDGE P
DEERFIELD BEACH, FL 33442 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: LICHT, BENJAMIN P
Address: 273 OAKRIDGE P
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: JONES, CARISA A
Address: 1740 PERSIMMON DRIVE
City-St-Zip: NAPLES, FL 34109

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: CARISA A. JONES

MGR

09/13/2005

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