2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

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Entity Name: CANESTRALE HEALTH CARE " LLC "

Current Principal Place of Business:

5701 NORTH FEDERAL HWY.
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5701 NORTH FEDERAL HWY.
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANESTRALE, DAVID J DR.
5701 NORTH FEDERAL HWY.
BOCA RATON, FL 33487 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: MGRM ( ) Delete
Name: CANESTRALE, DAVID J DR
Address: 5701 NORTH FEDERAL HWY.
City-St-Zip: BOCA RATON, FL 33487

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 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: DR. DAVID J. CANESTRALE MGRM 04/30/2006

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