

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030095

Entity Name: TECHNICAL HEALTH, LLC

FILED  
Apr 26, 2006  
Secretary of State

**Current Principal Place of Business:**

700 MERRITT LANE  
HAVANA, FL 32333

**New Principal Place of Business:**

426 NORTH RIDE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

P.O. BOX 3783  
TALLAHASSEE, FL 323153783

**New Mailing Address:**

FEI Number: 05-0591384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KNIGHT, SUMMER  
700 MERRITT LANE  
HAVANA, FL 32333 US

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

KNIGHT, SUMMER  
426 NORTH RIDE  
TALLAHASSEE, FL 32303 US

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: SUMMER KNIGHT

04/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KNIGHT, SUMMER  
Address: 700 MERRITT LANE  
City-St-Zip: HAVANA, FL 32333

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KNIGHT, SUMMER  
Address: 426 NORTH RIDE  
City-St-Zip: TALLAHASSEE, FL 32303

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: SUMMER KNIGHT

MGRM

04/26/2006

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