

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034562

FILED
Apr 30, 2005
Secretary of State

Entity Name: PROFESSIONAL HEALTHCARE SUPPORT, LLC

Current Principal Place of Business:

525 SHADOW LAKES BLVD.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

525 SHADOW LAKES BLVD.
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-1111544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MARSHALL H
149 S. RIDGEWOOD AVE., SUITE 710
DAYTONA BEACH, FL 32114 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: RABIN, ELLEN
Address: 525 SHADOW LAKES BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: RABIN, ALAN J
Address: 525 SHADOW LAKES BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

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

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: ALAN RABIN

MGRM

04/30/2005

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