2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# L04000041506

Entity Name: EEG CARE, LLC

Current Principal Place of Business:

11185 TURNBRIDGE DRIVE
JACKSONVILLE, FL 32256

New Principal Place of Business:

5791 NW 116 AVE
103
MIAMI, FL 33178

Current Mailing Address:

11185 TURNBRIDGE DRIVE
JACKSONVILLE, FL 32256

New Mailing Address:

5791 NW 116 AVE
103
MIAMI, FL 33178

FEI Number: 20-1226755 **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:

OCHOA, JUAN A
11185 TURNBRIDGE DRIVE
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

OCHOA, JUAN A
5791 NW 116 AVE
103
MIAMI, FL 33178 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: _____ 05/05/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

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

ADDITIONS/CHANGES:

Title: EVP ( ) Change (X) Addition
Name: CASTELLANOS, GERARDO A
Address: 5791 NW 116 AVE, SUITE 103
City-St-Zip: MIAMI, FL 33178

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: GERARDO CASTELLANOS EVP 05/05/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date