

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042439

FILED
Feb 14, 2005
Secretary of State

Entity Name: CLARITY HEALTH GROUP, LLC

Current Principal Place of Business:

550 N. REO STREET, SUITE 300
TAMPA, FL 33609

New Principal Place of Business:

550 N. REO STREET
SUITE 300
TAMPA, FL 33609

Current Mailing Address:

550 N. REO STREET, SUITE 300
TAMPA, FL 33609

New Mailing Address:

550 N. REO STREET
SUITE 300
TAMPA, FL 33609

FEI Number: 20-1236467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESSERMAN, LOUIS A
550 N. REO STREET, SUITE 300
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

ESSERMAN, LOUIS A
550 N. REO STREET
SUITE 300
TAMPA, FL 33609 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: LOUIS ESSERMAN

02/14/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ESSERMAN, LOUIS A
Address: 2643 GULF TO BAY BLVD., SUITE 1560, #411
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ESSERMAN, LOUIS A
Address: 550 N. REO ST. SUITE 300
City-St-Zip: TAMPA, FL 33609

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: LOUIS A. ESSERMAN

MGR

02/14/2005

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