

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042439

FILED
Jan 15, 2006
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:

13542 N. FLORIDA AVE
SUITE 215-B
TAMPA, FL 33613

Current Mailing Address:

550 N. REO STREET
SUITE 300
TAMPA, FL 33609

New Mailing Address:

13542 N. FLORIDA AVE
SUITE 215-B
TAMPA, FL 33613

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
13542 N. FLORIDA AVE
SUITE 215-B
TAMPA, FL 33613 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 A. ESSERMAN

01/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ESSERMAN, LOUIS A
Address: 13542 N. FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

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: LOUIS A. ESSERMAN

MGR

01/15/2006

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