

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044667

FILED
Jan 05, 2008
Secretary of State

Entity Name: ALACHUA HEALTH SERVICES, LLC

Current Principal Place of Business:

2730 NW 39TH AVE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

14828 NW 107 TERRACE
ALACHUA, FL 32615 US

New Mailing Address:

FEI Number: 57-1207717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, WILLIAM C CPA
10 SE 13TH STREET
B4
BOCA RATON, FL 33432 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/MANAGERS:

Title: MGRM () Delete
Name: BARNETT, WILLIAM S
Address: 2730 NW 39TH AVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: MGRM () Delete
Name: BARNETT, LAURIE L
Address: 14828 NW 107 TERR
City-St-Zip: ALACHUA, FL 32615 US

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 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: WILLIAM SCOTT BARNETT

MGRM

01/05/2008

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