


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000045974 1. Entity Name M.A.A. HEALTHCARE, LLC	
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Principal Place of Business 5237 DESERT VIXEN ROAD PALM BEACH GARDENS, FL 33418	Mailing Address 5237 DESERT VIXEN ROAD PALM BEACH GARDENS, FL 33418
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01272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1412884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RAYMOND, JOHN J JR 1200 NORTH FEDERAL HWY., STE. 420 BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALIKHAN, AHMED MD 5237 DESERT VIXEN ROAD PALM BEACH GARDENS, FL 33418
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<p>1100001439911 03/02/06-80020-004 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **1-2-16-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #