2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000055470

1. Entity Name
HEALTH CONNECTIONS OF NEWPORT, LLC

Principal Place of Business	Mailing Address
2851 REMINGTON GREEN CIRCLE, STE. A TALLAHASSEE, FL 32308-3700	2851 REMINGTON GREEN CIRCLE, STE. A TALLAHASSEE, FL 32308-3700

DO NOT WRITE IN THIS SPACE

FILED

2006 MAR 15 AM 10: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02022006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
51-0517245	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

LEADBEATER, JOHN T
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301-1805

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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 reinstating)   DATE

Filing Fee Is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MITCHELL, JOSEPH D
STREET ADDRESS	2851 REMINGTON GREEN CIRCLE, STE. A
CITY-ST-ZIP	TALLAHASSEE, FL 323083700
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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03/29/06--01008--018 **50.00

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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: _Clone_, C.G. FARMER SEC.   3/12/06   850-386-2522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #