


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000055470	
1. Entity Name HEALTH CONNECTIONS OF NEWPORT, LLC	

Principal Place of Business 2851 REMINGTON GREEN CIRCLE, STE. A TALLAHASSEE, FL 32308-3700	Mailing Address 2851 REMINGTON GREEN CIRCLE, STE. A TALLAHASSEE, FL 32308-3700
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FILED
07 MAR 20 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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01102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0517245	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

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, JOSEPH D 2851 REMINGTON GREEN CIRCLE, STE. A TALLAHASSEE, FL 323083700
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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: C. G. FARMER, Secy 2/26/07 850-386-2522

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