

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067078

FILED
May 12, 2007
Secretary of State

Entity Name: CLARITY HEALTH GROUP - FLORIDA, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

908 ANCHORAGE RD
TAMPA, FL 33602

Current Mailing Address:

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

New Mailing Address:

301 W. PLATT ST
STE 397
TAMPA, FL 33606

FEI Number: 20-1634422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ESSERMAN, LOUIS A
908 ANCHORAGE RD
TAMPA, FL 33602 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:

05/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOUIS, ESSERMAN
Address: 13542 N. FLORIDA AVE, SUITE 215-B
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOUIS, ESSERMAN
Address: 301 W. PLATT ST. STE 397
City-St-Zip: TAMPA, FL 33606

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: LOUIS ESSERMAN

MGR

05/12/2007

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