

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075919

FILED
Apr 14, 2005
Secretary of State

Entity Name: SOUTHERN FAMILY HEALTHCARE, LLC

Current Principal Place of Business:

1376 BRICKYARD ROAD STE 5
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

1376 BRICKYARD ROAD STE 5
CHIPLEY, FL 32428

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARNEY, WILLIAM MARK
1376 BRICKYARD ROAD STE 5
CHIPLEY, FL 32428 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/MEMBERS:

Title: MGRM () Delete
Name: GARNEY, WILLIAM MARK
Address: 1376 BRICKYARD ROAD STE 5
City-St-Zip: CHIPLEY, FL 32428

Title: MGRM () Delete
Name: GARNEY, AUDREY JOYCE
Address: 1376 BRICKYARD ROAD STE 5
City-St-Zip: CHIPLEY, FL 32428

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 for the exemption stated in Section 119.07(3)(i), 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: AUDEY JOYCE GARNEY

MGRM

04/14/2005

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