2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# L04000078995

Entity Name: PERFECT HEALTHCARE OF FT. PIERCE, L.L.C.

Current Principal Place of Business:

200 DIXIELAND DRIVE
FT. PIERCE, FL 34982

New Principal Place of Business:

1550 NORTH LAWNWOOD CIRCLE
FT. PIERCE, FL 34950

Current Mailing Address:

200 DIXIELAND DRIVE
FT. PIERCE, FL 34982

New Mailing Address:

1550 NORTH LAWNWOOD CIRCLE
FT. PIERCE, FL 34950

FEI Number: 20-1817869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMAN, KENNETH A
2400 S.E. FEDERAL HIGHWAY
FOURTH FLOOR
STUART, FL 34994 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/MANAGERS:

Title: MGR ( ) Delete
Name: LUNDSTROM, CHRISTOPHER M
Address: 200 DIXIELAND DRIVE
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LUNDSTROM, CHRISTOPHER M
Address: 1550 NORTH LAWNWOOD CIRCLE
City-St-Zip: FT. PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER M. LUNDSTROM MBR 03/17/2006

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