

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083463

FILED
Aug 26, 2005
Secretary of State

Entity Name: COMPLETE HEALTHCARE, LLC

Current Principal Place of Business:

40 E.L. FRANKLIN DRIVE SUITE B
SOPCHOPPY, FL 32358

New Principal Place of Business:

Current Mailing Address:

40 E.L. FRANKLIN DRIVE SUITE B
SOPCHOPPY, FL 32358

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

NELSON, ANDREA V ESQ
251 E. HARRISON STREET, STE. 300
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRANKLIN, KRYSTAL A
Address: 40 E.L. FRANKLIN DRIVE SUITE B
City-St-Zip: SOPCHOPPY, FL 32358

Title: MGRM () Delete
Name: LINDO, FIONA M
Address: 40 E.L. FRANKLIN DRIVE SUITE B
City-St-Zip: SOPCHOPPY, FL 32358

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: KRYSTAL A. FRANKLIN

MS.

08/26/2005

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