2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# L04000089095

Entity Name: PROVIDIAN HEALTH CARE SERVICES, LLC

Current Principal Place of Business:

1620 SOUTH OCEAN BLVD
#10-A
LAUDERDALE BY THE SEA, FL 33062

New Principal Place of Business:

Current Mailing Address:

1620 SOUTH OCEAN BLVD
#10-A
LAUDERDALE BY THE SEA, FL 33062

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:

GOLDMAN, PAUL
1620 SOUTH OCEAN BLVD
#10-A
LAUDERDALE BY THE SEA, FL 33062 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: MGRM ( ) Delete
Name: GOLDMAN, PAUL
Address: 1620 SOUTH OCEAN BLVD, #10-A
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: GOLDSMITH, BUTCH
Address: 18539 OCEAN MIST DRIVE
City-St-Zip: BOCA RATON, FL 33498

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: PAUL GOLDMAN MGRM 04/10/2006

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