


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-18-2005 90180 022 ****50.00
L05000001782

DOCUMENT # L05000001782		
1. Entity Name EVANS HEALTHCARE, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 13 PM 3:00

20002329



01112005 Chg-LLC CR2E083 (10/03)

Principal Place of Business 15350 AMBERLY DRIVE, 32823 TAMPA, FL 33647	Mailing Address 15350 AMBERLY DRIVE, 32823 TAMPA, FL 33647
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2. Principal Place of Business 7132 Wareham Dr Suite, Apt. #, etc.	3. Mailing Address 7132 Wareham Dr Suite, Apt. #, etc.
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City & State Tampa, FL	City & State Tampa, FL
Zip 33647	Country U.S.A.
Zip 33647	Country U.S.A.

4. FEI Number 20-2108719	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FANCHER, SCOTT W 201 NORTH FRANKLIN STREET, SUITE 2600 TAMPA, FL 33602

7. Name and Address of New Registered Agent Name John K. EVANS Street Address (P.O. Box Number is Not Acceptable) 7132 Wareham Dr City Tampa FL Zip Code 33647

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John K. Evans John K. Evans Member/Reg. Agent 13 January 2005
(NOTE: Registered Agent's signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: John K. Evans 13 January 2005 813 610 6516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAYTIME PHONE #