

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006018

FILED
May 05, 2008
Secretary of State

Entity Name: GERIATRIC AND HEALTH ASSOCIATES, LLC

Current Principal Place of Business:

7360 ROYAL OAK DRIVE
WEEKI WACHEE, FL 34607

New Principal Place of Business:

Current Mailing Address:

7360 ROYAL OAK DRIVE
WEEKI WACHEE, FL 34607

New Mailing Address:

FEI Number: 20-2205761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDMOND, JIMMY MR
7360 ROYAL OAK DRIVE
WEEKI WACHEE, FL 34607 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: EDMOND, JIMMY M.D.
Address: 7360 ROYAL OAK DRIVE
City-St-Zip: WEEKI WACHEE, FL 34607

Title: MGR () Delete
Name: EDMOND, JIMMY M.D.
Address: 7360 ROYAL OAK DRIVE
City-St-Zip: WEEKI WACHEE, FL 34607

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 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: JIMMY EDMOND

MGR

05/05/2008

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