

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012455

FILED
May 15, 2006
Secretary of State

Entity Name: CURAFLOW OF WEST FLORIDA, LLC

Current Principal Place of Business:

720 CUMBERLAND ROAD
VENICE, FL 34292

New Principal Place of Business:

7626 15TH STREET EAST
SARASOTA, FL 34243

Current Mailing Address:

720 CUMBERLAND ROAD
VENICE, FL 34292

New Mailing Address:

7626 15TH STREET EAST
SARASOTA, FL 34243

FEI Number: 20-2320380 FEI Number Applied For () FEI Number Not Applicable () 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:

CHARBONNEAU, ANDRE K.R.
2033 MAIN STREET, SUITE 500
SARASOTA, FL 34237 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: THERIAULT, JAMES
Address: 8051 NORTH TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34243

Title: MGR () Delete
Name: TURNER, PAUL J
Address: 720 CUMBERLAND ROAD
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THERIAULT, JAMES
Address: 7626 15TH STREET EAST
City-St-Zip: SARASOTA, FL 34243

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 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: JAMES THERIAULT

MGR

05/15/2006

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