

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015114

FILED
Feb 25, 2006
Secretary of State

Entity Name: PASCO ALTERNATIVE HEALTHCARE, LLC

Current Principal Place of Business:

20 S. BROAD STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

2216 US 19
HOLIDAY, FL 34691

Current Mailing Address:

20 S. BROAD STREET
BROOKSVILLE, FL 34601

New Mailing Address:

2216 US 19
HOLIDAY, FL 34690

FEI Number: 20-2333363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA & OFFSHORE BUSINESS FORMATION, INC
20 S. BROAD STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

SRD CONSULTANTS, LLC
2216 US 19
HOLIDAY, FL 34691 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: SCOTT R. DRUMMOND

02/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLAMON, CYNTHIA
Address: 20 S. BROAD STREET
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLAMON, CYNTHIA
Address: 2216 US 19
City-St-Zip: HOLIDAY, FL 34691

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: CYNTHIA A. CLAMON

MGR

02/25/2006

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