

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

9/5/2006-90052-021-\$55.00-\$55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:15

DOCUMENT # L05000024690					
1. Entry Name PRISMA PHC, LLC					
Principal Place of Business 4779 COLLINS AVE., SUITE 3402 MIAMI BEACH, FL 33140			Mailing Address 4779 COLLINS AVE., SUITE 3402 MIAMI BEACH, FL 33140		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. Name and Address of Current Registered Agent CHASSEN, STUART DR. 4779 COLLINS AVE., SUITE 3402 MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and State if applicable (If N/A, Registered Agent's name are required when submitting)					
Filing Fee is \$55.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	10. ADDITIONS/CHANGES	
	CHASSEN, STUART DR.	4779 COLLINS AVE., SUITE 3402	MIAMI BEACH, FL 33140	Change Addition	
				Change Addition	
				Change Addition	
				Change Addition	
				Change Addition	
				Change Addition	
				Change Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____				Date: 9/1/06	
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					