2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L05000026637

Entity Name: CAPITAL HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

603 7TH ST. SOUTH
400
ST. PETERSBURG, FL 33701

New Principal Place of Business:

560 JACKSON STREET
ST. PETERSBURG, FL 33705

Current Mailing Address:

603 7TH ST. SOUTH
400
ST. PETERSBURG, FL 33701

New Mailing Address:

560 JACKSON STREET
ST. PETERSBURG, FL 33705

FEI Number: 05-0619157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILES, DAVID M
603 7TH ST. SOUTH
400
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

GILES, DAVID M
560 JACKSON STREET
ST. PETERSBURG, FL 33705 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: _____ 04/30/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GILES, DAVID M
Address: 603 7TH ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GILES, DAVID M
Address: 560 JACKSON STREET
City-St-Zip: ST. PETERSBURG, FL 33705

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: DAVID GILES MGRM 04/30/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date