

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000037068

1. Entity Name
PUBLIC HEALTH ASSOCIATES, LLC



Principal Place of Business
**622 CHANCEY LANE
TALLAHASSEE, FL 32308**

Mailing Address
**622 CHANCEY LANE
TALLAHASSEE, FL 32308**



01122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1115863

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOISVERT, PAUL T
622 CHANCEY LANE
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000588177
01/17/07-80061-018 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR BOISVERT, PAUL T 622 CHANCEY LANE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM COOPER, ARTHUR P 3814 LEANE DR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM WYNN, EDWARD J 21 WMARION ST CHATAHOOCHEE, FL 323241419
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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IN THIS SPACE**

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: _____

Paul T. Boisvert

1/12/07 (850) 545-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #