
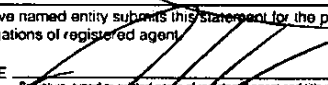
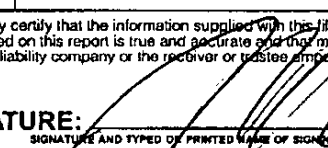


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-13-2006 90035 025 ****50.00

DOCUMENT # L05000046272			
1. Entity Name MAIKA HEALTHCARE, LLC			
Principal Place of Business 2717 SUVILLE BLVD #9202 CLEARWATER, FL 33764		Mailing Address 2717 SUVILLE BLVD. #9202 CLEARWATER, FL 33764	
2. Principal Place of Business 1337 Country Club Rd Suite, Apt. #, etc.		3. Mailing Address SAMB	
City & State Gulf Breeze FL		City & State	
Zip 32563		Country	
4. FEI Number 20-2814172		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAN, MARK M.D. 2717 SUVILLE BLVD. #9202 CLEARWATER, FL 33764		7. Name and Address of New Registered Agent	
1337 Country Club Rd Gulf Breeze FL 32563		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entry 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 		MARK TRAN DATE 4/10/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRAN, MARK M.D. 2717 SUVILLE BLVD., #9202 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		TRAN, MARK TRAN Date 4/10/06	

Phone # 850-934-3337