

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051732

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: ALL OF FLORIDA HEALTH CARE L.L.C.

**Current Principal Place of Business:**

20 EAST MAIN STREET  
LAKE BUTLER, FL 32054

**New Principal Place of Business:**

50 EAST MAIN STREET  
LAKE BUTLER, FL 32054

**Current Mailing Address:**

20 EAST MAIN STREET  
LAKE BUTLER, FL 32054

**New Mailing Address:**

PO BOX 672  
LAKE BUTLER, FL 32054

FEI Number: 20-2934700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLOFFFLORIDA HEALTH CARE  
20 EAST MAIN STREET  
LAKE BUTLER, FL 32054 US

**Name and Address of New Registered Agent:**

ALLOFFFLORIDA HEALTH CARE  
50 EAST MAIN STREET  
LAKE BUTLER, FL 32054 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: DANIEL R THOMAS

01/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THOMAS, DANIEL R  
Address: 750 SW MAIN BLVD  
City-St-Zip: LAKE CITY, FL 32054

Title: MGRM ( ) Delete  
Name: THOMAS, CHRISTY H  
Address: 259 SW GUSTY GLN  
City-St-Zip: LAKE CITY, FL 32025

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THOMAS, DANIEL R  
Address: 50 EAST MAIN STREET  
City-St-Zip: LAKE BUTLER, FL 32054

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DANIEL R THOMAS

MGRM

01/17/2007

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