

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Apr 20, 2007
Secretary of State**

DOCUMENT# L05000051732

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

Current Principal Place of Business:

50 EAST MAIN STREET
LAKE BUTLER, FL 32054

New Principal Place of Business:

Current Mailing Address:

PO BOX 672
LAKE BUTLER, FL 32054

New Mailing Address:

FEI Number: 20-2934700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLOFFLORIDA HEALTH CARE
50 EAST MAIN STREET
LAKE BUTLER, FL 32054 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMAS, DANIEL R
Address: 50 EAST MAIN STREET
City-St-Zip: LAKE BUTLER, 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: PO BX 672
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 04/20/2007

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