

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000052024

Entity Name: P.C.G.I.H., L.L.C.

**FILED**  
**Jan 15, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

61 MEMORIAL MEDICAL PARK, SUITE 3811  
PALM COAST, FL 32164

**New Principal Place of Business:**

3725 JOHN ANDERSON DR  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

61 MEMORIAL MEDICAL PARK, SUITE 3811  
PALM COAST, FL 32164

**New Mailing Address:**

3725 JOHN ANDERSON DR  
ORMOND BEACH, FL 32176

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CHIUMENTO, MICHAEL D  
4 OLD KINGS ROAD NORTH, SUITE B  
PALM COAST, FL 32137 US

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

COMBS, WALLACE M  
3725 JOHN ANDERSON DR  
ORMOND BEACH, FL 32176 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: W.M. COMBS

01/15/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COMBS, WALLACE M  
Address: 61 MEMORIAL MEDICAL PARK, SUITE 3811  
City-St-Zip: PALM COAST, FL 32164

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COMBS, WALLACE M  
Address: 3725 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176

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: W.M. COMBS

PRES

01/15/2006

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