2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061199

Entity Name: ALLEVIA MEDICAL, LLC

FILED Mar 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14510 FENNEY COURT 14482 CHERRY LAKE DR E JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258

Current Mailing Address: New Mailing Address:

14510 FENNEY COURT PO BOX 600888

JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32260

FEI Number: 20-3039770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ELLIS, MARTIN E ELLIS, MARTIN E

14510 FENNEY COURT 14482 CHERRY LAKE DR E JACKSONVILLE, FL 32258 US JACKSONVILLE, FL 32258 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: 03/15/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete (X) Change () Addition ELLIS, MARTIN E ELLIS, MARTIN E Name: Name:

14510 FENNEY COURT Address: 14482 CHERRY LAKE DR E Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: JACKSONVILLE, FL 32258

(X) Change () Addition Title: MGRM Title: MGRM () Delete

RAMSAY, ALBERT L Name: RAMSAY, ALBERT L Name: Address: 11841 NW 53 COURT Address: 14466 CHERRY LAKE DR E City-St-Zip: CORAL SPRINGS, FL 33076 City-St-Zip: JACKSONVILLE, FL 32258

Title: () Delete Title: MGRM () Change (X) Addition

BENJAMIN, JEFFREY Name: Name: Address: Address: 32 FLINT ROCK CIRCLE City-St-Zip: City-St-Zip: ROCHESTER, NY 14624

Title: () Delete Title: MGRM () Change (X) Addition

GOODRICH-MANN, CARLETTA Name: Name: Address: Address: 806 BOLD STREET City-St-Zip:

City-St-Zip: PORTSMOUTH, VA 23701

Title: () Delete Title: MGRM () Change (X) Addition

HURDLE, RAPHAEL Name: Name: 14474 CHERRY LAKE DR E Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32258

Title: () Delete Title: () Change (X) Addition

MITCHELL, CLIFTON Name: Name: Address: Address: 33 VISTA DRIVE DANVERS, MA 01923 City-St-Zip: 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: ALBERT RAMSAY **MGRM** 03/15/2006