

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074329

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** PUTNAM HEALTHCARE SERVICES, LLC.

**Current Principal Place of Business:**

P.O. BOX 21148  
ST PETERSBURG, FL 33742

**New Principal Place of Business:**

4950 WEST KENNEDY BLVD.  
SUITE 101  
TAMPA, FL 33609

**Current Mailing Address:**

P.O. BOX 21148  
ST PETERSBURG, FL 33742

**New Mailing Address:**

P.O. BOX 26283  
TAMPA, FL 33623

**FEI Number:** 20-3215145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAFONTE, RICHARD J  
1000 BELCHER ROAD SOUTH  
SUITE 2  
LARGO, FL 33771 US

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

INGLETT, ANNA C  
4950 WEST KENNEDY BLVD.  
SUITE 101  
TAMPA, FL 33609 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: ANNA C INGLETT

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: INGLETT, ANNA  
Address: P.O. BOX 21148  
City-St-Zip: ST PETERSBURG, FL 33742

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: INGLETT, ANNA  
Address: P.O. BOX 26283  
City-St-Zip: TAMPA, FL 33623

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: ANNA C INGLETT

MGR

04/27/2006

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