

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000074329

1. Entity Name
PUTNAM HEALTHCARE SERVICES, LLC.



Principal Place of Business
4950 WEST KENNEDY BLVD.
SUITE 101
TAMPA, FL 33609

Mailing Address
P.O. BOX 26283
TAMPA, FL 33623



01022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3215145	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/2/07

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INGLETT, ANNA P.O. BOX 26283 TAMPA, FL 33623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000690526
04/11/07-80081-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 4/2/07

Daytime Phone #: 813-367-0022