2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2008
Secretary of State

DOCUMENT# L05000074329

Entity Name: PUTNAM HEALTHCARE SERVICES, LLC.

Current Principal Place of Business:

4950 WEST KENNEDY BLVD.
SUITE 101
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26283
TAMPA, FL 33623

New Mailing Address:

P.O. BOX 26282
TAMPA, FL 33623

FEI Number: 20-3215145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

INGLETT, ANNA C
4950 WEST KENNEDY BLVD.
SUITE 101
TAMPA, FL 33609 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: MGR ( ) Delete
Name: INGLETT, ANNA
Address: P.O. BOX 26283
City-St-Zip: TAMPA, FL 33623

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: INGLETT, ANNA
Address: P.O. BOX 26282
City-St-Zip: TAMPA, FL 33623

I hereby certify that the information supplied with this filing does not qualify 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 05/04/2008

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