2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# L05000077461

Entity Name: HEALTH CARE SERVICES POOL, LLC

Current Principal Place of Business:

10387 MAIN STREET
SUITE 200
FAIRFAX, VA 22030

New Principal Place of Business:

Current Mailing Address:

10387 MAIN STREET
SUITE 200
FAIRFAX, VA 22030

New Mailing Address:

FEI Number: 20-4775744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, BRIAN M ESQ
11309 COUNTRYWAY BOULEVARD
SUITE 105
TAMPA, FL 33626 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: MGRM ( ) Delete
Name: JAMES RIVER ACQUISTI, ON COMPANY
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ALLIANCE FOUNDATION, OF FLORIDA, IN C .
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030

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: ROBERT P HOSTLER P 04/29/2007

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