

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098480

FILED  
Jul 03, 2006  
Secretary of State

**Entity Name:** TRICOUNTY NURSES HEALTHCARE, LLC

**Current Principal Place of Business:**

10458 IMPERIAL POINT DRIVE EAST  
LARGO, FL 33774

**New Principal Place of Business:**

**Current Mailing Address:**

410 WEST JEFFERSON AVENUE  
TRENTON, MI 48183

**New Mailing Address:**

FEI Number: 04-3831626      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:**

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22ND STREET, 4TH FLOOR  
MIAMI, FL 33145 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WRIGHT, TRAVID D  
Address: 10458 IMPERIAL POINT DRIVE EAST  
City-St-Zip: LARGO, FL 33774

Title: MGR ( ) Delete  
Name: MURDZIA, DEBORAH T  
Address: 10458 IMPERIAL POINT DRIVE EAST  
City-St-Zip: LARGO, FL 33774

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: TRAVIS WRIGHT

VP

07/03/2006

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