2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2007
Secretary of State

DOCUMENT# L05000104349

Entity Name: PHI HEALTHCARE, LLC

Current Principal Place of Business:

1435 PIEDMONT DR E., SUITE 214
TALLAHASSEE, FL 32308

New Principal Place of Business:

1435 PIEDMONT DR E., SUITE 215
TALLAHASSEE, FL 32308

Current Mailing Address:

1435 PIEDMONT DR E., SUITE 214
TALLAHASSEE, FL 32308

New Mailing Address:

PO BOX 3343
HICKORY, NC 28603

FEI Number: 20-3675585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

JOHN F. GILROY, III, P.A.
1435 PIEDMONT DR. E., SUITE 100
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

JOHN F. GILROY, III, P.A.
1435 PIEDMONT DR. E., SUITE 215
TALLAHASSEE, FL 32308 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: _____ 08/27/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TREFZGER, CHARLES E
Address: 46 THIRD STREET NW
City-St-Zip: HICKORY, NC 28601

ADDITIONS/CHANGES:

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

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: MELVIN E. WOODWARD MGR 08/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date