


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90226 044 ****50.00

DOCUMENT # L05000111745 1. Entity Name PK HEALTH SERVICES, L.L.C.					
Principal Place of Business 4113 LITTLE ROAD, UNIT 301 NEW PORT RICHEY, FL 34655			Mailing Address 6133 OAK RIDGE AVENUE NEW PORT RICHEY, FL 34653		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Unit 103			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3758549	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, PATRICK R 6127 OAK RIDGE AVENUE NEW PORT RICHEY, FL 34653			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEIN, PATRICK R 6127 OAK RIDGE AVENUE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIERCE, DEBORAH L 6133 OAK RIDGE AVENUE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Deborah Pierce</i>			3/31/07 727-846-0467		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		