



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000019290 1. Entity Name KPS HEALTHCARE, LLC	
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Principal Place of Business 294 VENETIAN BAY CIRCLE SANFORD, FL 32771 US	Mailing Address 294 VENETIAN BAY CIRCLE SANFORD, FL 32771 US
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4352049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRAHMBHATT, SAMIR
294 VENETIAN BAY CIRCLE
SANFORD, FL 32771**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

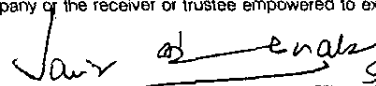
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRAHMBHATT, SAMIR 294 VENETIAN BAY CIRCLE SANFORD, FL 32771
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05/21/08-80112-002 143.75

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:  **SAMIR BRAHMBHATT** **4/26/2008** **407-366-2677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #