2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# L06000023074

Entity Name: ALL AMERICAN HEALTHCARE SYSTEMS, LLC

Current Principal Place of Business:

1233 SNELL ISLE BLVD. NE
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

1233 SNELL ISLE BLVD. NE
ST. PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 20-4571256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENNER, GEORDIE W
1233 SNELL ISLE BLVD. NE
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

JENNER, CHERYL A
1233 SNELL ISLE BLVD. NE
ST. PETERSBURG, FL 33704 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: CHERYL A. JENNER 03/19/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGMR ( ) Change (X) Addition
Name: JENNER, CHERYL A VP
Address: 1233 SNELL ISLE BLVD NE
City-St-Zip: SAINT PETERSBURG, FL 33704

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: CHERYL A. JENNER MGR 03/19/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date