

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033349

Entity Name: VOYAGE HEALTHCARE, LLC

FILED  
Jan 18, 2007  
Secretary of State

## Current Principal Place of Business:

390 NORTH ORANGE AVE. SUITE 100  
C/O GARY D. LIPSON  
ORLANDO, FL 32801

## Current Mailing Address:

390 NORTH ORANGE AVE. SUITE 100  
C/O GARY D. LIPSON  
ORLANDO, FL 32801

## New Principal Place of Business:

1485 INTERNATIONAL PARKWAY  
SUITE 2051  
HEATHROW, FL 32746

## New Mailing Address:

1485 INTERNATIONAL PARKWAY  
SUITE 2051  
HEATHROW, FL 32746

FEI Number: 20-4600072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIPSON, GARY D  
390 NORTH ORANGE AVE. SUITE 100  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

LIPSON, GARY D  
390 NORTH ORANGE AVENUE  
SUITE 1500  
ORLANDO, FL 32801 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: GARY D LIPSON

01/18/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: CURLEY, NOAL  
Address: 1485 INTERNATIONAL PARKWAY, SUITE 2051  
City-St-Zip: HEATHROW, FL 32746

Title: MGR ( ) Change (X) Addition  
Name: LEWIS, MICHAEL E  
Address: 1485 INTERNATIONAL PARKWAY, SUITE 2051  
City-St-Zip: HEATHROW, FL 32746

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: NOAL CURLEY

MGR

01/18/2007

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