2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L06000033349

Entity Name: VOYAGE HEALTHCARE, LLC

Current Principal Place of Business:

1485 INTERNATIONAL PARKWAY
SUITE 2051
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

1485 INTERNATIONAL PARKWAY
SUITE 2051
HEATHROW, FL 32746

New Mailing Address:

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 AVENUE
SUITE 1500
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

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: NOAL CURLEY MGR 01/19/2009

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