## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000049405

Entity Name: PROVIDER, LLC

City-St-Zip: ESTERO, FL 33928

FILED Jan 31, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1300 MAIN FT. MYER	N STREET IS BEACH, FL	33931		
Current Mailing Address:			New Mailing Address:	
P.O. BOX FT. MYER	6189 S BEACH, FL	33932		
FEI Number	: 20-4892703	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
FT. MYER	DRY CREEK [ S, FL 33908 e named entity:	US	urpose of changing its registere	ed office or registered agent, or both
	e of Florida.			
SIGNATU				
	Electror	nic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR ( HENDERSON, 21251 CARTER ESTERO, FL 3	RROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	GALA, GEORG	CREEK DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	SD ( GALA, CHRIST 7227 HENDRY FORT MYERS,	CREEK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	TD ( HENDERSON, 21251 CARTER		Title: Name: Address:	( ) Change ( ) Addition

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.

City-St-Zip:

SIGNATURE: CHRISTINE GALA S 01/31/2008