2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 17, 2007 8:00 am Secretary of State

the obligations of registered agent. SIGNATURE Signature Sig	DOCUMENT # L06000074885 1. Entity Name NORTH BRANCH OF POLK COUNTY, L.L.C.							04-02-2	2007 90	436 U3 / **	50.00	
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. O115207 Chg-LLC CR2E083 (12/08)	C/O KENNETH F. WILHELM 5529 U.S. HIGHWAY 98 NORTH			C/O KENNETH F. WILHELM 5529 U.S. HIGHWAY 98 NORTH								
City & State City & State Country Zip Country S. Certificate of Status Desired S. S. Od Additional Fee Required Agent S. Certificate of Status Desired S. S. Od Additional Fee Required Agent Size Address of Current Registered Agent Name and Address of New Registered Agent Name Size Address of New Registered Agent Name Size Address (P.O. Bor Number is Not Acceptable)	2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Zip Country Zip Country 3. Certificate of Status Desired \$5.00 Additional Fee Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address (P.O. Box Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name Reg	Suite, Apt. #, etc.			Suite, Apt. #, etc.			01152007	Chg-LLC	CR2E	083 (12/06)		
S. Cerinicals of Salus Desired Fee Regulated Fee	City & State			City & State			4. FÉI Numb	per				
Name	Zip	Country Zip C			Coun	stry						
Size Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current F	Registered Agent		Name	7. Name an	d Address of New R	legistered	Agent		
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. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2007 Du	5529 U.S.	HIGHWA'	Y 98 NORTH		Street Address (P.O. Box Number is Not Acceptable)							
the obligations of registered agent. SIGNATURE Signature Sig		,				City	,		FL	Zip Code	,	
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11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Rould Statutes. I further certify that the information	STREET ADDRESS				STR	eet adoress						
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path, 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:												