FILED May 18, 2007 8:00 am Secretary of State 04-27-2007 90036 046 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Nam	ne	# L06000078 ALTH CARE II, LLG			_					
Principal Plac 800 CONCOL MAITLAND, F	irse parkv	ss Way south ste 200	Mailing Address 800 CONCOURSE PARKWAY SOUTH STE 200 MAITLAND, FL 32751							
2. Principal P	lace of Busi	iness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04192007	Chg-LLC	CR2E	083 (12/06))
City & State			City & State			4. FEI Numi	bar		<u> </u>	pplied For lot Applicable
Zip	Country		Zip	Country		5. Certificat	e of Status Desired		\$5.00 Ad Fee Require	
6. Name and Address of Current			Registered Agent Name		Name	7. Name an	d Address of New Re	gistered	Agent	
A.G.C. CO 200 SOUT ORLANDO	H ORANG	GE AVENUE, STE 2:	300	Street Address (P.O. Box Num	ber is Noi Acceptable)			
					City			FL	Zip Cod	Je
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. I am familiar with, and at the obligations of registered agent.										and accept
SIGNATURE Signalure, typed or printed name of registered against and site of applicables. (NOTE: Registered Agent signature required when remaining) DATE										
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State				
9.		MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE HAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				• •	JOSEPH CONTE, P CEO Change Candidion 800 CONCOURSE PKWY S. MAITLAND, FL 32751				(28) Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				i	EUGENE R CURCIO, VPCFC COMPOSE SONG CONCOURSE PKWY S. MAITLAND, FL 32751				Addition
1.ITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Defate					JEFF JELLERSON, VPCOO 800 CONCOURSE PKWY S. MAITLAND, FL 32751				SZ) Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		·				☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Detele		ŀ	.			☐ Change	☐ Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1	ľ				☐ Change	Addition
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: 407-571-1550 SIGNATURE: AND TYPED OR PRINTED MANE OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DATE DATE DATE DATE DATE DATE DAT										