

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078971

FILED  
May 01, 2007  
Secretary of State

Entity Name: NEXT STEP HEALTHCARE, LLC

**Current Principal Place of Business:**

4047 SOUTH WATERBRIDGE CIRCLE  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

4047 SOUTH WATERBRIDGE CIRCLE  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

FEI Number: 20-5358352      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WALTERS, FRANCIS  
6008 BENT PINE DRIVE  
SUITE # 2320  
ORLANDO, FL 32822 US

**Name and Address of New Registered Agent:**

WALTERS, FRANCIS R CEO  
12362 OULTON CIRCLE  
ORLANDO, FL 32832 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: FRANCIS R. WALTERS

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WALTERS, FRANCIS  
Address: 6008 BENT PINE DRIVE SUITE # 2320  
City-St-Zip: ORLANDO, FL 32822 US

Title: MGRM ( ) Delete  
Name: SARAFOVA, SILVIA  
Address: 4047 SOUTH WATERBRIDGE CIRCLE  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: MGRM ( ) Delete  
Name: GEIS, CAROLYN  
Address: 38 OLD BRIDGE WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WALTERS, FRANCIS R CEO  
Address: 12362 OULTON CIRCLE  
City-St-Zip: ORLANDO, FL 32832 US

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: FRANCIS R. WALTERS

CEO

05/01/2007

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