


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90357 027 ****55.00

DOCUMENT # L06000092254					
1. Entity Name ABANAH HEALTHCARE CONSULTANTS, STAFFING & MEDICAL EQUIPMENT LTD CO.					
Principal Place of Business 1836 NEVA HILLS DRIVE TALLAHASSEE, FL 32304			Mailing Address 1836 NEVA HILLS DRIVE TALLAHASSEE, FL 32304		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05012007 Chg-LLC CR2E083 (12/06)	
4. FEI Number				Applied For	
11-3793790				Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ABANAH, OSITA 1836 NEVA HILLS DRIVE TALLAHASSEE, FL 32304			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ABANAH, OSITA 1836 NEVA HILLS DRIVE TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing 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 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: <i>Osita Abanah</i> OSITA ABANAH				Date: 5/1/07 Daytime Phone #: 850-597-1842	