

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114752

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** BIANCHI PREVENTATIVE HEALTHCARE AND TREATMENT, LLC

**Current Principal Place of Business:**

13241 BARTRAM PARK BLVD  
UNIT 4C  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

13241 BARTRAM PARK BLVD  
SUITE 409  
JACKSONVILLE, FL 32258 US

**Current Mailing Address:**

165 BARTRAM PARK DRIVE  
JACKSONVILLE, FL 32259 US

**New Mailing Address:**

13241 BARTRAM PARK BLVD  
SUITE 409  
JACKSONVILLE, FL 32258 US

**FEI Number:** 84-1719865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERRINE, ROSANNE P  
100 EXECUTIVE WAY  
SUITE 112  
PONTE VEDRA BEACH, FL 32082 US

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

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BIANCHI, PATRICK D  
Address: 165 BARTRAM PARK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BIANCHI, PATRICK D  
Address: 13241 BARTRAM PARKE BLVD SUITE 413  
City-St-Zip: JACKSONVILLE, FL 32258 US

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:** PATRICK D. BIANCHI

MGRM

04/27/2007

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