

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115717

FILED
May 01, 2007
Secretary of State

Entity Name: ACA HOLDINGS 1 PL

Current Principal Place of Business:

3010 HUNTERS CREEK BOULEVARD
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

6525 WEST CAMPUS OVAL
SUITE 150
NEW ALBANY, OH 43054

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

Name and Address of New Registered Agent:

AKIN, SHERRILLE D
600 N. SALISBURY AVENUE
DELAND, FL 32720 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AMBULATORY CARE AFFI, LIATES LTD
Address: 6525 WEST CAMPUS OVAL, SUITE 150
City-St-Zip: NEW ALBANY, OH 43054

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AMBULATORY CARE AFFI, LIATES LTD
Address: 6525 WEST CAMPUS OVAL, SUITE 150
City-St-Zip: NEW ALBANY, OH 43054

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: ALAN A. AYERS

MGRM

05/01/2007

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