

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000017515

FILED
Apr 08, 2010
Secretary of State

Entity Name: CALBRAY HEALTHCARE CONSULTANTS LLC

Current Principal Place of Business:

401 NINA PLACE
LONGWOOD, FL 32750 US

New Principal Place of Business:

SW 12TH STREET
SUITE 201-B
OCALA, FL 34474 US

Current Mailing Address:

401 NINA PLACE
LONGWOOD, FL 32750 US

New Mailing Address:

P O BOX 3688
OCALA, FL 34473 US

FEI Number: 26-4227246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPARKS, DWAYNE E
401 NINA PLACE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

SPARKS, ARTHUR E
474 CALZADA COURT
THE VILLAGE, FL 32159 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: ARTHUR E SPARKS

04/08/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: PENHORWOOD, CARRIE L
Address: P O BOX 3688
City-St-Zip: OCALA, FL 34474 US

Title: VP
Name: SPARKS, BRAYDON DWAYNE C
Address: P O BOX 3688
City-St-Zip: OCALA, FL 34474 US

Title: VP
Name: SPARKS, CALEB PHILLIP E
Address: P O BOX 3688
City-St-Zip: OCALA, FL 34474 US

I hereby 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: CARRIE L PENHORWOOD

PRES

04/08/2010

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