

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L92000000045

FILED
Apr 20, 2004
Secretary of State

Entity Name: ALLIANCE HEALTH CARE GROUP, L.C.

Current Principal Place of Business:

1686 W. HIBISCUS BLVD.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1686 W. HIBISCUS BLVD.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3151851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIEMENSCHNEIDER, MICHAEL R ESQ.
1686 W. HIBISCUS BLVD.
MELBOURNE, FL 32901 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/MEMBERS:

Title: MGRM () Delete
Name: HEALTH CARE ASSOCIAT, ES OF BREVARD, INC.
Address: 730 EMERSON DRIVE
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEALTH CARE ASSOCIAT, ES OF BREVARD, INC.
Address: 1688 WEST HIBISCUS BLVD.
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES J. BRADSTREET, M.D.

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04/20/2004

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