

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L92000000045

**FILED**  
**Apr 18, 2006**  
**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/MANAGERS:**

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

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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: HEALTH CARE ASSOCIATES OF BREVARD

MGRM

04/18/2006

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