

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000620

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

FILED
Aug 23, 2005
Secretary of State

Current Principal Place of Business:

2310 NW 55TH CT
BAY 134
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

2501 DAVIE BOULEVARD
DAVIE, FL 33317

Current Mailing Address:

1090 JOHNSON DR
BUFFALO GROVE, IL 60089

New Mailing Address:

PO BOX 12648
JACKSON, MS 39236

FEI Number: 36-4174656 FEI Number Applied For () 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:

COOK, DOUGLAS
1003 KENIWORTH ROAD
TALLAHASSEE, FL 32312 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: DEC () Delete
Name: KELLY, JAMES
Address: 1090 JOHNSON DRIVE
City-St-Zip: BUFFALO GROVE, IL 60089

Title: DPCE () Delete
Name: SWAN, KEVIN
Address: 1090 JOHNSON DRIVE
City-St-Zip: BUFFALO GROVE, IL 60089

Title: D (X) Delete
Name: LANE, CURTIS S
Address: 1090 JOHNSON DRIVE
City-St-Zip: BUFFALO GROVE, IL 60089

Title: D (X) Delete
Name: PAUL, ANDREW
Address: 1090 JOHNSON DRIVE
City-St-Zip: BUFFALO GROVE, IL 60089

Title: D (X) Delete
Name: EPSTEIN, STEVEN B
Address: 1090 JOHNSON DRIVE
City-St-Zip: BUFFALO GROVE, IL 60089

Title: D (X) Delete
Name: MARTIN, JAMIE P
Address: 1090 JOHNSON DRIVE
City-St-Zip: BUFFALO GROVE, IL 60089

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANTHONY, MICHAEL L
Address: PO BOX 12648
City-St-Zip: JACKSON, MS 39236

Title: MGR (X) Change () Addition
Name: EDEKER, KWANG
Address: PO BOX 12648
City-St-Zip: JACKSON, MS 39236

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

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

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City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify 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: STACEY L HOLT

MGR

08/23/2005

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