

# 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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 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