

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000620

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

FILED  
Jan 05, 2006  
Secretary of State

**Current Principal Place of Business:**

2501 DAVIE BOULEVARD  
DAVIE, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12648  
JACKSON, MS 39236

**New Mailing Address:**

FEI Number: 36-4174656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOK, DOUGLAS  
1003 KENIWORTH ROAD  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: M. S. GREEN, ASSISTANT SECRETARY

01/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

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 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: MICHAEL L ANTHONY

MGRM

01/05/2006

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