

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000620

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

FILED  
Apr 02, 2007  
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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: 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

04/02/2007

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