

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90037 027 ****50.00

DOCUMENT # M01000001666

1. Entity Name
ICC HEALTH MANAGEMENT, L.L.C.



Principal Place of Business
32700 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

Mailing Address
32700 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

2. Principal Place of Business
32801 US Hwy 19 N.

3. Mailing Address
32801 US Hwy 19 N.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Zip

Country

Zip

Country

04272006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
72-1455918

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME PLANES, WILLIAM SR.
STREET ADDRESS 854 CYPRESS LAKE VIEW CT.
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE VP ☒ Delete
NAME PLANES, WILLIAM II
STREET ADDRESS 32700 US HWY 19 N
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE MGR ☒ Delete
NAME PLANES, REGINA M
STREET ADDRESS 854 CYPRESS LAKE VIEW CT.
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE AST ☒ Delete
NAME NOLL, DEBORAH
STREET ADDRESS 4168 AMBER LN
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE MGR ☐ Delete
NAME WHITE, LANGFRED W
STREET ADDRESS 2604 ACHBURY DR.
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director, Sr. Vice President & Secretary ☒ Change ☐ Addition
NAME
STREET ADDRESS 32801 U.S. Highway 19 North
CITY-ST-ZIP Suite 100

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Palm Harbor, FL 34684

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

ICC Health Management, LLC

SIGNATURE: By: Langfred W. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Langfred W. White as its Sr. Vice President

727-781-9885

Daytime Phone #