2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000002893

1. Entity Name
FOREST HEALTH SERVICES, LLC

FILED
05 FEB 23 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
135 SOUTH PROSPECT YPSILANTI, MI 48198	135 SOUTH PROSPECT YPSILANTI, MI 48198

01242005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3636411
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PITTMAN, RANDALL L
STREET ADDRESS	135 SOUTH PROSPECT
CITY-ST-ZIP	YPSILANTI, MI 48198
TITLE	MGR
NAME	LENZ, LAURENCE H JR
STREET ADDRESS	135 SOUTH PROSPECT
CITY-ST-ZIP	YPSILANTI, MI 48198
TITLE	MGR
NAME	DYKSTERHOUSE, TREVOR J
STREET ADDRESS	135 SOUTH PROSPECT
CITY-ST-ZIP	YPSILANTI, MI 48198
TITLE	MGR
NAME	BROWN, ROBERT A
STREET ADDRESS	135 SOUTH PROSPECT
CITY-ST-ZIP	YPSILANTI, MI 48198
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100048889201
03/22/05--01078--004 **500.00

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11. 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 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: Trevor J. Dyksterhouse Trevor J. Dyksterhouse 1/25/05 (734) 547-1157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #