

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001990

Entity Name: PRICE HEALTH PARK, LLC

FILED  
Apr 26, 2005  
Secretary of State

**Current Principal Place of Business:**

2524 OSPREY AVENUE SOUTH  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2524 OSPREY AVENUE SOUTH  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 47-0901570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

MENKE III, FRANK  
2524 OSPREY AVENUE SOUTH  
SARASOTA, FL 342364439 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: FRANK MENKE III

04/26/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MENKE, FRANK III  
Address: 2524 OSPREY AVENUE SOUTH  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Delete  
Name: FULLENKAMP, DENNIS J  
Address: 2911 NE PINE ISLAND ROAD  
City-St-Zip: CAPE CORAL, FL 33909

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MENKE III, FRANK  
Address: 2524 OSPREY AVENUE SOUTH  
City-St-Zip: SARASOTA, FL 342394439

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: FRANK MENKE III

MGRM

04/26/2005

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