


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M04000000780  
1. Entity Name  
SPRINGDALE HEALTH CENTERS LLC



Principal Place of Business      Mailing Address  
2033 MAIN STREET, STE. 300      2033 MAIN STREET, STE. 300  
SARASOTA, FL 34234                      SARASOTA, FL 34234

**DO NOT WRITE IN THIS SPACE**



02102006No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-0704421	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SPRINGDALE HEALTH CENTERS, INC.  
2033 MAIN STREET, STE. 300  
SARASOTA, FL 34234

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

110000451921  
03/11/06-80006-003 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPRINGDALE HEALTH CENTERS, INC. 2033 MAIN STREET SUITE 200 SARASOTA, FL 34237
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 808, Florida Statutes.

SIGNATURE: *Brian Fohmester VP*      2/24/06      9419528411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #