


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000001432 1. Entity Name MANAGEMENT HEALTH SERVICES, LLC	
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Principal Place of Business 4760 WEST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33319	Mailing Address 4760 WEST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33319
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07052005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4273462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KASTEN, MONTE C 4760 WEST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33319

DO NOT WRITE 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 _____
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 September 7, 2005**

11000001371965
07/11/05-80012-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEMONIER, MICHAEL K 5608 PRINCETON AVENUE COLUMBUS, GA 31908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARKER, JAMES H 5608 PRINCETON AVENUE COLUMBUS, GA 31908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASTEN, MONTE C 4760 WEST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASTEN, TODD S 4760 WEST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

James H Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JAMES H PARKER, MGR, CFO 7/6/05 706 322-7085
Date Daytime Phone #