

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001432

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: MANAGEMENT HEALTH SERVICES, LLC

## Current Principal Place of Business:

4760 WEST COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33319

## New Principal Place of Business:

3201 WEST COMMERCIAL BLVD.  
SUITE 116  
FORT LAUDERDALE, FL 33309 US

## Current Mailing Address:

4760 WEST COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33319

## New Mailing Address:

P. O. BOX 9386  
COLUMBUS, GA 31908 US

FEI Number: 13-4273462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KASTEN, MONTE C  
4760 WEST COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33319 US

## Name and Address of New Registered Agent:

KASTEN, MONTE C  
3201 WEST COMMERCIAL BLVD.  
SUITE 116  
FORT LAUDERDALE, FL 33309 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:

04/25/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LEMONIER, MICHAEL K  
Address: 5608 PRINCETON AVENUE  
City-St-Zip: COLUMBUS, GA 31908

Title: MGR ( ) Delete  
Name: PARKER, JAMES H  
Address: 5608 PRINCETON AVENUE  
City-St-Zip: COLUMBUS, GA 31908

Title: MGR ( ) Delete  
Name: KASTEN, MONTE C  
Address: 4760 WEST COMMERCIAL BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: MGR ( ) Delete  
Name: KASTEN, TODD S  
Address: 4760 WEST COMMERCIAL BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33319

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: KASTEN, MONTE C  
Address: 3201 WEST COMMERCIAL BLVD., STE.116  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR (X) Change ( ) Addition  
Name: KASTEN, TODD S  
Address: 3201 WEST COMMERCIAL BLVD., STE.116  
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MONTE C. KASTEN

MGR

04/25/2006

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