
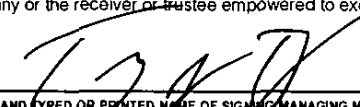


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M04000003658 1. Entity Name ENCORE HEALTHCARE, LLC				 FILED 05 AUG 25 PM 1:45 CLERK OF STATE TALLAHASSEE, FL 32399	
Principal Place of Business 5921 MAPLEWOOD PARK PLACE BETHESDA MD 20814		Mailing Address 5921 MAPLEWOOD PARK PLACE BETHESDA MD 20814			
2. Principal Place of Business 7125 Thomas Edison Dr. Suite, Apt. #, etc. Ste. 225 City & State Columbia, MD Zip 21046		3. Mailing Address 7125 Thomas Edison Dr. Suite, Apt. #, etc. Ste. 225 City & State Columbia, MD Zip 21046		4. FEI Number 56-2476353 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		2nd MOORE CR2E083 (5/05)			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICHOLSON, TIMOTHY F 11350 MCCORMICK ROAD, SUITE LL-4 HUNT VALLEY MD 21031	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7125 THOMAS EDISON DRIVE, SUITE 225 COLUMBIA, MD 21046	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIMOTHY J. TRYON 7125 THOMAS EDISON DRIVE, SUITE 225 COLUMBIA, MD 21046	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100059139091 08/30/05--01058--018 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  8/12/05 443 539 2354 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					