

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000583

FILED
Apr 20, 2006
Secretary of State

Entity Name: GENOA HEALTHCARE CONSULTING, LLC

Current Principal Place of Business:

10210 HIGHLAND MANOR DRIFE, SUITE 270
TAMPA, FL 33610

New Principal Place of Business:

10210 HIGHLAND MANOR DRIVE, SUITE 270
TAMPA, FL 33610

Current Mailing Address:

10210 HIGHLAND MANOR DRIFE, SUITE 270
TAMPA, FL 33610

New Mailing Address:

10210 HIGHLAND MANOR DRIVE, SUITE 270
TAMPA, FL 33610

FEI Number: 80-0113353

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:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EATON, J. STEPHEN
Address: 5445 TRIANGLE PARKWAY, SUITE 260
City-St-Zip: NORCROSS, GA 30092

Title: MGR () Delete
Name: DAHL, ALAN C
Address: 5445 TRIANGLE PARKWAY, SUITE 260
City-St-Zip: NORCROSS, GA 30092

Title: MGR () Delete
Name: DUPLANTIS, PATRICK
Address: 10210 HIGHLAND MANOR DRIVE, SUITE 250
City-St-Zip: TAMPA, FL 33610

Title: MGR () Delete
Name: WENSTRUP, DAVID J
Address: 466 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: MGR () Delete
Name: TSAI, TENNO M
Address: 466 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES:

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

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

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

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

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 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: PATRICK DUPLANTIS, MANAGER/PRESIDENT

MGR

04/20/2006

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