

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90031 011 ****50.00

60042206



04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5112212** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # M06000003835
1. Entity Name
NEW PORT RICHEY FACILITY OPERATIONS



Principal Place of Business
**400 LAZELLE ROAD, STE. 10
COLUMBUS, OH 43240**

Mailing Address
**400 LAZELLE ROAD, STE. 10
COLUMBUS, OH 43240**

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

6. Name and Address of Current Registered Agent
**A.G.C. CO.
200 S. ORANGE AVE., STE. 2300
ORLANDO, FL 32801**

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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	John Silliter, PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONSULTATE HEALTH CARE, LLC		NAME	800 Concourse Pkwy S.	
STREET ADDRESS	800 CONCOURSE PARKWAY S. STE. 200		STREET ADDRESS	Maitland, FL 32751	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Mark Johnson, VP/SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	800 Concourse Pkwy S.	
STREET ADDRESS			STREET ADDRESS	Maitland, FL 32751	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Joe Keenan, TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	800 Concourse Pkwy S.	
STREET ADDRESS			STREET ADDRESS	Maitland, FL 32751	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE: **JOHN SILLITER** **4/23/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #