2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# M97000000117

Entity Name: PRIME CARE ONE, LLC

Current Principal Place of Business:

10401 N MERIDIAN ST
STE 122
INDIANAPOLIS, IN 46290

New Principal Place of Business:

Current Mailing Address:

10401 N MERIDIAN ST
STE 122
INDIANAPOLIS, IN 46290

New Mailing Address:

FEI Number: 35-2007426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	HICKS, JAY L	
Address:	10401 N MERIDIAN ST	
City-St-Zip:	INDIANAPOLIS, IN 46290	
Title:	MGRM	( ) Delete
Name:	WHITMAN, ARNOLD	
Address:	10401 N MERIDIAN ST	
City-St-Zip:	INDIANAPOLIS, IN 46290	
Title:	MGRM	( ) Delete
Name:	DAVIES, ROBERT N	
Address:	10401 N MERIDIAN ST	
City-St-Zip:	INDIANAPOLIS, IN 46290	
Title:	MGR	( ) Delete
Name:	PHILLIPPE, THOMAS E JR.	
Address:	127 FOREST LN	
City-St-Zip:	SNOWMASS VILLAGE, CO 81615	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAY L. HICKS MGRM 04/11/2005

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