

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M98000000905

**FILED  
Apr 18, 2006  
Secretary of State**

**Entity Name:** HEIGHTS HEALTHCARE COMPANY, L.L.C.

**Current Principal Place of Business:**

1123 MARBELLA PLAZA DR.  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

1123 MARBELLA PLAZA DR.  
TAMPA, FL 33619

**New Mailing Address:**

**FEI Number:** 59-3437967      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAUGHAN, DAVID R  
1123 MARBELLA PLAZA DR.  
TAMPA, FL 33619    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: VAUGHAN, DAVID R  
Address: 1123 MARBELLA PLAZA DR.  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES:**

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: DAVID R. VAUGHAN      PRES      04/18/2006

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