

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000415

FILED
Apr 26, 2004
Secretary of State

Entity Name: FOCUS HEALTHCARE OF FLORIDA, LLC

Current Principal Place of Business:

5960 S.W. 106TH AVE.
COOPER CITY, FL 33328

New Principal Place of Business:

7201 SHALLOWFORD RD
STE 100
CHATTANOOGA, TN 37421

Current Mailing Address:

5960 S.W. 106TH AVE.
COOPER CITY, FL 33328

New Mailing Address:

7201 SHALLOWFORD RD
STE 100
CHATTANOOGA, TN 37421

FEI Number: 65-0868132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH A. HARTL
5960 S.W. 106TH AVE.
COOPER CITY, FL 33328 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: DEFOOR, P. BYRON
Address: 9412 STANDIFER GAP RD.
City-St-Zip: CHATTANOOGA, TN 37363

Title: MGR (X) Delete
Name: SUMMEROUR, ROBERT
Address: 5773 HALLWOOD AVE
City-St-Zip: RIVERSIDE, CA 92506

Title: MGR () Delete
Name: HARTL, JOSEPH A
Address: 5960 S.W. 106TH AVE.
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEFOOR, P. BYRON
Address: 7201 SHALLOWFORD RD, STE 200
City-St-Zip: CHATTANOOGA, TN 37421

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

Title: MGR (X) Change () Addition
Name: HARTL, JOSEPH A
Address: 7201 SHALLOWFORD RD, STE 200
City-St-Zip: CHATTANOOGA, TN 37421

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: BYRON DEFOOR

MGRM

04/26/2004

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