

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027285

FILED
Jan 05, 2006
Secretary of State

Entity Name: VIRTUAL HEALTH CONCEPTS, LLC

Current Principal Place of Business:

4942 EBENSBURG DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

4942 EBENSBURG DRIVE
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-2604950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOON, ANDREW J M.D.
4942 EBENSBURG DRIVE
TAMPA, FL 33647 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR () Change (X) Addition
Name: KOON, ANDREW J MD
Address: 4942 EBENSBURG DRIVE
City-St-Zip: TAMPA, FL 33647

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: ANDREW J. KOON, MD

DR.

01/05/2006

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