

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 23, 2004  
Secretary of State**

DOCUMENT# L01000004185

Entity Name: ASGARDHEALTH, LLC

**Current Principal Place of Business:**

431 SEABREEZE AVE.  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

431 SEABREEZE AVE.  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 65-1152167      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ANGELL CORPORATE SERVICES, INC.  
ONE NORTH CLEMATIS STREET  
SUITE 400  
WEST PALM BEACH, FL 334010000 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: MGR ( ) Delete  
Name: LOVETTE, BRADFORD S  
Address: 431 SEABREEZE AVE  
City-St-Zip: PALM BEACH, FL 33480

**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 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: BRADFORD S. LOVETTE

MGR

02/23/2004

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