

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004185

Entity Name: ASGARDHEALTH, LLC

FILED  
Apr 13, 2007  
Secretary of State

**Current Principal Place of Business:**

431 SEABREEZE AVE.  
PALM BEACH, FL 33480

**New Principal Place of Business:**

1675 PALM BEACH LAKES BOULEVARD  
SUITE 700  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

431 SEABREEZE AVE.  
PALM BEACH, FL 33480

**New Mailing Address:**

1675 PALM BEACH LAKES BOULEVARD  
SUITE 700  
WEST PALM BEACH, FL 33401

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:**

ASGARD GROUP, INC.  
1675 PALM BEACH LAKES BOULEVARD  
SUITE 700  
WEST PALM BEACH, FL 33401 US

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: BRADFORD S. LOVETTE, PRESIDENT

04/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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 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: BRADFORD S. LOVETTE

MGR

04/13/2007

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