

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004185

Entity Name: ASGARDHEALTH, LLC

FILED  
Apr 21, 2008  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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:**

ASGARD GROUP, INC.  
1675 PALM BEACH LAKES BLVD. SUITE 700  
WEST PALM BEACH, FL 33401      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: 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 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      04/21/2008

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