

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051227

FILED
Sep 07, 2007
Secretary of State

Entity Name: RESPONSIBLE HEALTH LLC

Current Principal Place of Business:

1975 EVERGLADES BLVD. SOUTH
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

1975 EVERGLADES BLVD. SOUTH
NAPLES, FL 34117

New Mailing Address:

FEI Number: 20-2893132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CASTELLANO, NELSON T
101 E. KENNEDY BLVD., STE. 2700
TAMPA, FL 33602 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: DR () Delete
Name: O'BRIEN, JOHN M MGRM
Address: 1975 EVERGLADES BLVD
City-St-Zip: NAPLES, FL 34117 US

Title: MS. () Delete
Name: MAXSON, MOANA M MGRM
Address: 1975 EVERGLADES BLVD
City-St-Zip: NAPLES, FL 34117 US

ADDITIONS/CHANGES:

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

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: JOHN O'BRIEN

DR

09/07/2007

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