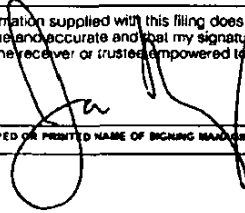


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-21-2008 90317 014 ***138.75

DOCUMENT # L07000103307 1. Entity Name RENAISSANCE HEALTH EDUCATION, LLC					
Principal Place of Business 925 SOUTH FEDERAL HIGHWAY SUITE 500 BOCA RATON, FL 33432			Mailing Address 925 SOUTH FEDERAL HIGHWAY SUITE 500 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 26-1637700	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ROTHMAN, JOEL B ESQ 2300 GLADES ROAD SUITE 500 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)					
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIGEORGIA, JAMES 708 COQUINA WAY BOCA RATON, FL 33432			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 				James DiGeorgia	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 4/4/08	
Daytime Phone # 561-750-8483				Daytime Phone #	