

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 16, 2009
Secretary of State**

DOCUMENT# L08000105236

Entity Name: A & J HEALTH, LLC

Current Principal Place of Business:

1035 NORTH MILLS AVENUE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1035 NORTH MILLS AVENUE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 26-3635799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, ALEXANDRE M
1035 NORTH MILLS AVENUE
ORLANDO, FL 32803 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: SILVA, ALEXANDRE M
Address: 1035 NORTH MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: FERNGREN, JOYCE A
Address: 1035 NORTH MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803

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: JOYCE A. FERNGREN MGR 02/16/2009

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