2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L05000108851

Entity Name: ABOUT YOUR HEALTH, LLC

Current Principal Place of Business:

3761 NW 100 AVENUE
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

2817 EAST OAKLAND PARK BOULEVARD
SUITE 100
FORT LAUDERDALE, FL 33306 US

Current Mailing Address:

3761 NW 100 AVENUE
CORAL SPRINGS, FL 33065 US

New Mailing Address:

2817 EAST OAKLAND PARK BOULEVARD
SUITE 100
FORT LAUDERDALE, FL 33306 US

FEI Number: 20-3765876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLORIA, LINDA
3761 NW 100 AVE
CORAL SPRINGS, FL 33065 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: MGRM ( ) Delete
Name: BRITO, MIGUEL P.A.
Address: 6367 NW 190 TERRACE
City-St-Zip: MIAMI, FL 33015 US

Title: MGR (X) Delete
Name: TORRES, JULIA M.D.
Address: 1560 WEEPING WILLOW WAY
City-St-Zip: HOLLYWOOD, FL 33019

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: MIGUEL BRITO MGR 04/30/2007

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