

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000032661

Entity Name: PHOTONIC HEALTH LLC

Current Principal Place of Business:

6998 NW HWY 27
SUITE 110
OCALA, FL 34482

Current Mailing Address:

6998 NW HWY 27
SUITE 110
OCALA, FL 34482 US

FEI Number: 26-3329644

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OWEN, BRYAN W
6998 NW HWY 27
SUITE 110
OCALA, FL 34482 US

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

Authorized Person(s) Detail :

Title MGR
Name OWEN, BRYAN W
Address 6998 NW HWY 27, SUITE 110
City-State-Zip: Ocala FL 34482

Title MGR
Name WOODS, DONNA E
Address 6998 NW HWY 27, SUITE 110
City-State-Zip: Ocala FL 34482

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRYAN OWEN

OWNER

03/06/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date