

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000294

FILED
May 03, 2004
Secretary of State

Entity Name: HEALTH GUARD HEALTH CARD, LLC

Current Principal Place of Business:

309 26TH AVENUE NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

PO BOX 76417
ST. PETERSBURG, FL 33734 US

Current Mailing Address:

309 26TH AVENUE NORTH
ST. PETERSBURG, FL 33704

New Mailing Address:

PO BOX 76417
ST. PETERSBURG, FL 33734 US

FEI Number: 59-3616892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, GINA G
309 26TH AVENUE NORTH
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

GIBSON, GINA G
PO BOX 76417
ST. PETERSBURG, FL 33734 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: GINA G GIBSON PH D

05/03/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: D () Delete
Name: GIBSON, GINA G
Address: 309 26TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GIBSON, GINA G
Address: PO BOX 76417
City-St-Zip: ST. PETERSBURG, FL 33734 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GINA G GIBSON PHD

MGR

05/03/2004

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