2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 11, 2005 08:00 AM Secretary of State DOCUMENT # L00000000880 1. Entity Name HEALTH TO ME, P.L. Principal Place of Business Mailing Address 1653 LINKSIDE COURT NORTH ATLANTIC BEACH FL 32233 1653 LINKSIDE COURT NORTH ATLANTIC BEACH FL 32233 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E083 (10/04) Applied For City & State City & State 4. FE! Number 59-3623364 Not Applicab! \$5.00 Additional Ζip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IWAE, SHIRO Street Address (P.O. Box Number is Not Acceptable) 1653 LINKSIDE COURT NORTH ATLANTIC BEACH FL 32233 City Zip Code 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. registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES Addiii MGRM Delete TITLE ☐ Change THEF IWAE, SHIRO MANE NAME U00000225742 STREET ADDRESS STREET ADDRESS 1653 LINKSIDE COURT NORTH 02/11/05-80052-004 50.00 CITY-ST ZIP ATLANTIC BEACH FL 32233 CHTY-ST-ZIP ☐ Change 🔲 Addiii. Delete HitE TITLE NAME NAME SIREE I ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Arkiii» MILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP Change ☐ Access TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CHY-SI-ZIP □ Change ☐ Adiati TITLE TIT1 F ☐ Delete NAME STREET ADDRESS CIRLLI ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change □ A.5.66. HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify 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 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 empoyered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

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Daylimo Phone #