## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 15, 2008 8:00 am Secretary of State

NAME	1. Entity Nam	MENT # L010000130 S HEALTH SERVICES, LLC			04-15-2008 90102 045 ***138.75				
Suite, Apt. #, etc.  Cry & State  Country  Zip  S. Certificate of Status Desired	3406 CHEROKEE DRIVE 2803 FLIGHT 3406 CHEROKEE DRIVE 2803 F VERO BEACH, FL 32960 SAFETY DR. VERO BEACH, FL 32960 VERO VERD BEACH, FL 32960				SAPETY H, FL . 3	DE. 2960		J 0.V 	
Country   Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional   \$6. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent   Name   Name   Name   Name   Name   Street Address (P.O. Box Number is Not Acceptable)	2803 Flight Safety DY, 2803 Flight S			Sofety De	5		***************************************	<b>[]</b> [] [] [] []	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  DOUGLAS, ANNE M 1250 39TH AVE VERO BEACH, FL 32960  City  FL  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 and site if expirable.  (NOTE Registered Agent per reinstance)  After May 1, 2008 Fee will be \$538.75  After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE  MOREM  DOUGLAS, ANNE M  SIRET ADDRESS  CITY-ST-ZP  TITLE  Delete  TITLE  Dele	VeroBeach FL Vero Beach		Vero Beach		65-1129321		No.	Applicable	
DOUGLAS, ANNE M 1250 39TH AVE VERO BEACH, FL 32960    City   FL   Zip Code	3900						Fee Required	· · · · · · · · · · · · · · · · · · ·	
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.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and side if applicable. (INOTE: Registered Agent signature required when reinstanting)  PATE  FILE NOWILI FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75   Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  110. ADDITIONS/CHANGES  CITY-ST-2P  UNDER SIRET ADDRESS  CITY-ST-2P  UNDER Delete  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  D	1250 39TH	ÎAVE							
the obligations of registered agent.  SIGNATURE    Signature   Sig	1		City	FL Zip Code					
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  ITILE NAME DOUGLAS, ANNE M DOUGLAS, ANNE M STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CATAGORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CATAGORESS CITY-ST-ZIP CATAGORESS CITY-ST-ZIP CATAGORESS CITY-ST-ZIP CATAGORESS CITY-ST-ZIP CATAGORES CITY-ST-ZIP CATAGORESS CITY-ST-ZIP CATAGORES CITY-ST-ZIP CATAG	, , , , , , , , , , , , , , , , , , , ,								
After May 1, 2008 Fee will be \$538.75  9.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
TITLE							• • .		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	9.	MANAGING MEMBER	RS/MANAGERS '	10.		ADDITIONS	CHANGES		
TITLE	NAME STREET ADDRESS	DOUGLAS, ANNE M 1250 39TH AVE		NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  TITLE  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME	TITLE NAME STREET ADDRESS	VERTO DE TOTAL DE COMO	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP CITYE Delete TITLE NAME NAME NAME  NAME  NAME  NAME  NAME  NAME	NAME STREET ADDRESS			NAME STREET ADDRESS			☐ Change	Addition	
NAME NAME	NAME STREET ADDRESS			NAME STREET ADORESS			☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS			name Street address			☐ Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP		,.	NAME STREET ADDRESS CITY-ST-ZIP					

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 redeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

119108 772770