


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L01000013955	
<b>1. Entity Name</b> HEALTH BOULEVARD, L.L.C.	

<b>Principal Place of Business</b> 505 HEALTH BLVD DAYTONA BEACH FL 32114	<b>Mailing Address</b> 505 HEALTH BLVD DAYTONA BEACH FL 32114
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E083 {11/03}

<b>4. FEI Number</b> NO-T APPLICABLE	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
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DI GAETANO, MARGARET 505 HEALTH BLVD DAYTONA BEACH FL 32114	<b>Name</b>
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>City</b>
	<b>FL</b> <b>Zip Code</b>

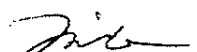
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

<b>SIGNATURE</b>	<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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<b>FILE NOW!!! FEE IS \$50.00</b>	
<b>Make Check Payable to Florida Department of State</b>	
<b>Due By May 1, 2004</b>	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGR DIGAETANO, MARGARET M.D. 505 HEALTH BLVD DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000053970 02/16/04-80153-011 50.00
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. I hereby certify that the information supplied with this filing 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 empowered to execute this report as required by Chapter 608, Florida Statutes.**

<b>SIGNATURE:</b> 	<b>2/10/04 386 255 5050</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>