

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009783

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: BACK IN ACTION HEALTH, LLC

**Current Principal Place of Business:**

1520 10TH AVENUE NORTH  
SUITE B  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

1520 10TH AVENUE NORTH  
SUITE B  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: 01-0678333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YORKE, DOUGLAS E ESQ.  
121 SEVILLA AVE  
ROYAL PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

FRANKLIN, ELLIOTT  
2777 S. CONGRESS AVE  
LAKE WORTH, FL 33461 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: ELLIOTT FRANKLIN

04/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MCLAUGHLIN, ROBERT  
Address: 1520 10TH AVENUE NORTH, SUITE B  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: MGRM ( ) Delete  
Name: NITTI, JOSEPH J JR.  
Address: 1520 10TH AVENUE NORTH, SUITE B  
City-St-Zip: LAKE WORTH, FL 33460 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT D. MCLAUGHLIN

PRES

04/30/2004

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