2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# L02000017973

Entity Name: FLORIDA TOTAL HEALTH LLC

Current Principal Place of Business:

620 LOWELL LANE
DAVIE, FL 33325 US

New Principal Place of Business:

5304 SW 159TH AVE
MIRAMAR, FL 33027 US

Current Mailing Address:

620 LOWELL LANE
DAVIE, FL 33325 US

New Mailing Address:

5304 SW 159TH AVE
MIRAMAR, FL 33027 US

FEI Number: 11-3645074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAY, ROBIN M
620 LOWELL LANE
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

GLATER & ASSOCIATES, P.A.
2645 EXECUTIVE PARK DRIVE
WESTON, FL 33331 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: GLATER & ASSOCIATES, P.A. 03/06/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DAY, ROBIN M
Address: 620 LOWELL LANE
City-St-Zip: DAVIE, FL 33325 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DAY, ROBIN M
Address: 5304 SW 159TH AVENUE
City-St-Zip: MIRAMAR, FL 33027 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBIN DAY MGR 03/06/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date