

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000017973

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA TOTAL HEALTH LLC

**Current Principal Place of Business:**

6903 NW 126TH AVE  
PARKLAND, FL 33076 US

**New Principal Place of Business:**

7388 NW 111 WAY  
PARKLAND, FL 33076 US

**Current Mailing Address:**

6903 NW 126TH AVE  
PARKLAND, FL 33076 US

**New Mailing Address:**

7388 NW 111 WAY  
PARKLAND, FL 33076 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  
6903 NW 126TH AVE  
PARKLAND, FL 33076 US

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

DAY, ROBIN M  
7388 NW 111 WAY  
PARKLAND, FL 33076 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: RD

04/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DAY, ROBIN M  
Address: 7388 NW 111 WAY  
City-St-Zip: PARKLAND, FL 33076 US

I hereby 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

04/05/2010

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