


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000026160 1. Entity Name REEF HEALTH, LLC	
--	---

Principal Place of Business 24 DOCKSIDE LANE PMB 58 KEY LARGO, FL 33037 US	Mailing Address C/O HOWARD, LUCAS, CPA, GOLDSTEIN, SCHECHTER 2121 PONCE DELEON BLVD, SUITE 1100 CORAL GABLES, FL 33134 US
---	--



01122004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 54-2075148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FISHER, ROBERT L 18 WEST SNAPPER POINT DRIVE KEY LARGO, FL 33037

**DO NOT WRITE
IN THIS SPACE**

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: <u>Robert A. Fisher</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>4-9-04</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>

**Filing Fee is \$50.00
Due by May 1, 2004**

000000112552
04/14/04-80025-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, ROBERT L 24 DOCKSIDE LANE, PMB 58 KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.	
SIGNATURE: <u>Robert A. Fisher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE: <u>4-9-04</u> <small>Daytime Phone #</small>