2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000026160

1. Entity Name
REEF HEALTH, LLC

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

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01132005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
54-2075148	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, ROBERT L
18 WEST SNAPPER POINT DRIVE
KEY LARGO, FL 33037

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

II00000258602
03/10/05-80047-015 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FISHER, ROBERT L
STREET ADDRESS	24 DOCKSIDE LANE, PMB 58
CITY-ST-ZIP	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	

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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: *Robert L. Fisher*   03/08/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #