

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026426

FILED  
Jan 19, 2004  
Secretary of State

Entity Name: ELITE HEALTH CONCEPTS, LLC

## Current Principal Place of Business:

1502 KIMBERLY TERR.  
FORT MYERS, FL 33919

## New Principal Place of Business:

11595 KELLY ROAD  
SUITE 117  
FORT MYERS, FL 33908

## Current Mailing Address:

1502 KIMBERLY TERR.  
FORT MYERS, FL 33919

## New Mailing Address:

11595 KELLY ROAD  
SUITE 117  
FORT MYERS, FL 33908

FEI Number: 02-0660698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, TAMMY  
1502 KIMBERLY TERRACE  
FORT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: SMITH, TAMMY  
Address: 1502 KIMBERLY TERR.  
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, TAMMY L  
Address: 1502 KIMBERLY TERR.  
City-St-Zip: FORT MYERS, FL 33919

Title: MGR ( ) Change (X) Addition  
Name: PETERS, BETTY A  
Address: 16619 CAMELIA DRIVE  
City-St-Zip: FORT MYERS, FL 33908

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: TAMMY SMITH

MGRM

01/19/2004

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