2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000027381

1. Entity Name

RENAISSANCE HEALTH PUBLISHING, LLC



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

925 SOUTH FEDERAL HIGHWAY SUITE 500 925 SOUTH FEDERAL HIGHWAY SUITE 500

BOCA RATON, FL 33432 US

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03312008 No Chg-LLC

CR2E083 (12/07)

04/18/08-80011-005 138.75

4. FEI Number 71-0905424

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIGEORGIA, JAMES 925 SOUTH FEDERAL HIGHWAY SUITE 500 BOCA RATON, FL 33432

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	. The above named entity submits this statement for the purpose of changing its registere	ed office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		
SI	IGNATURE		

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

5.	WANAGING WEMBERS/MANAGERS
TITLE NAME	MGRM DIGEORGIA, JAMES
STREET ADDRESS	
	708 COQUINA WAY
Cłty-St-zip	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-SI-ZIP	<u></u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	

MANAGING MEMPERS/MANAGERS

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11. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. 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 eath; that I am a managing member or manager of the limited liability company or the receiver or rustee employeered to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING M

James Di Georgia

4/4/08

561-750-8483

Dayume Phone #