

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023210

Entity Name: A. LILY HEALTH, LLC

FILED  
Feb 10, 2006  
Secretary of State

**Current Principal Place of Business:**

124 ANNAPOLIS LN  
PONTE VEDRA, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

124 ANNAPOLIS LN  
PONTE VEDRA, FL 32082

**New Mailing Address:**

FEI Number: 74-3097071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIVENERE, THOMAS M  
124 ANNAPOLIS LN  
PONTE VEDRA, FL 32082 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DIVENERE, T.M.  
Address: 124 ANNAPOLIS LN  
City-St-Zip: PONTE VEDRA, FL 32082

Title: MGRM ( ) Delete  
Name: DIVENERE, MATTHEW  
Address: 2564 OGLETHORPE CIRCLE  
City-St-Zip: ATLANTA, GA 30319

Title: MGRM ( ) Delete  
Name: RUSSO, HOLLY  
Address: 16055 EMERALD COAST PWKY STE.105  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: HOLLY RUSSO

MGRM

02/10/2006

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