

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035029

FILED
Jun 05, 2008
Secretary of State

Entity Name: INTERACTIVE HEALTH MANAGEMENT SOLUTIONS, LLC

Current Principal Place of Business:

1200 S FEDERAL HIGHWAY
SUITE 202
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

1200 S FEDERAL HIGHWAY
SUITE 202
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 01-0799209 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PAPATHEODOROU, ANDREAS
1200 S FEDERAL HIGHWAY
SUITE 202
BOYNTON BEACH, FL 33435 US

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: PAPATHEODOROU, ANDREAS
Address: 1200 S. FEDERAL HIGHWAY, STE 202
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM () Delete
Name: PAPATHEODOROU, CHRISTOS
Address: 1200 S. FEDERAL HIGHWAY, STE 202
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

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 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: ANDREAS PAPATHEODOROU

MGRM

06/05/2008

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