

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jul 06, 2004
Secretary of State**

DOCUMENT# L03000038344

Entity Name: INTERNET HEALTH ENTERPRISES, LLC

Current Principal Place of Business:

2006 HEMINGWAY CIRCLE
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

2006 HEMINGWAY CIRCLE
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 20-0295191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: KAPS, ADAM J
Address: 2006 HEMINGWAY CIRCLE
City-St-Zip: HAINES CITY, FL 33844 US

Title: MGRM () Delete
Name: BROOKS, BARRY R
Address: 2205 RONALD RAEGAN PARKWAY
City-St-Zip: DAVENPORT, FL 33896 US

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 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: ADAM J KAPS

MGRM

07/06/2004

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