

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038843

FILED
Apr 30, 2005
Secretary of State

Entity Name: GET HEALTHY LLC

Current Principal Place of Business:

801 N. MAGNOLIA AVE., STE. 201
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

801 N. MAGNOLIA AVE., STE. 201
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 30-0463380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AM&E SERVICES LLC
801 N. MAGNOLIA AVE., STE. 201
ORLANDO, FL 32803 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: MGR () Delete
Name: BRADY, PAMELA
Address: 6211 S. HAMPSHIRE COURT
City-St-Zip: WINDERMERE, FL 347865618

Title: MGR () Delete
Name: SAYRE, SHANNON
Address: 6211 S. HAMPSHIRE COURT
City-St-Zip: WINDERMERE, FL 347865618

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: PAMELA BRADY

MGR

04/30/2005

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