2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006
Secretary of State

DOCUMENT# L03000042852

Entity Name: HEALTH CONCEPTS, LLC

Current Principal Place of Business:

65 3RD ST. N.W., SUITE 201
WINTER HAVEN, FL 33881

New Principal Place of Business:

150 AVENUE F NW
WINTER HAVEN, FL 33881

Current Mailing Address:

65 3RD ST. N.W., SUITE 201
WINTER HAVEN, FL 33881

New Mailing Address:

150 AVENUE F NW
WINTER HAVEN, FL 33881

FEI Number: 01-0800242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RENARDSON, KRISTIE L
65 3RD ST. N.W., SUITE 201
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

RENARDSON, KRISTIE L
150 AVENUE F NW
WINTER HAVEN, FL 33881 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: 01/31/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RENARDSON, KRISTIE L
Address: 65 3RD ST. N.W.
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RENARDSON, KRISTIE L
Address: 150 AVENUE F NW
City-St-Zip: WINTER HAVEN, FL 33881

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: KRISTIE L RENARDSON MGR 01/31/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date