2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2004 8:00 am
Secretary of State

06-16-2004 90152 001 ***400.00
06-16-2004 90152 002 ****50.00
06-16-2004 90152 003 *****5.00

34008696

03132004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000050644

1. Entity Name
ABC HEALTH CONSULTANTS, L.L.C.

Principal Place of Business	Mailing Address
C/O 11040 FREMONT YUCAIPA, CA 92399	C/O 11040 FREMONT YUCAIPA, CA 92399

2. Principal Place of Business		3. Mailing Address	
C/O 13642 HOLMES		3601 E. WYOMING	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 201	
City & State: YUCAIPA, CALIF.		City & State: LAS VEGAS, NV.	
Zip: 92399	Country: USA	Zip: 89104	Country: USA

4. FEI Number: 84-1699588 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAXLEY, MILTON H II C/O 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME SAMUEL STEPHENS STREET ADDRESS 13642 HOLMES CITY-ST-ZIP YUCAIPA, CALIF. 92399	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: S. S. Stephens Samuel S. Stephens 6/12/04 909 645-3848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

To - Florida Dept. of State

34008696

#L03000050644

For - Filing fee for - ABC Health Consultants, L.L.C.

$50.00 for annual Filing Fee

$5.00 for Certificate of Status - after the fees have been recorded.

Attachment

34008496
#. L03000050644

$400.00 for late penalty if needed.

I am using money Orders for the payments because we just decided to use the L.L.C. and we have not yet established a bank account.

If the penalty does not apply, kindly return the $400.00 money Order.

Return to:

Floyd Vipond (member)
3601 E. Wyoming #201
Las Vegas, NV. 89104