


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90432 034 \*\*\*\*50.00

<b>DOCUMENT # L04000006022</b>	
1. Entity Name <b>FAMILY HEALTH DESIGNED, LLC</b>	

Principal Place of Business <b>621 E. WOOLBRIGHT RD, STE 103 BOYNTON BEACH FL 33435</b>	Mailing Address <b>621 E. WOOLBRIGHT RD, STE 103 BOYNTON BEACH FL 33435</b>
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2. Principal Place of Business <b>1910 PALMLAND DRIVE</b> Suite, Apt. #, etc. <b>B</b>	3. Mailing Address <b>1910 PALMLAND DRIVE</b> Suite, Apt. #, etc. <b>B</b>
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1st MOORE CR2E083 (10/05)

City & State <b>BOYNTON BEACH, FL</b>	City & State <b>BOYNTON BEACH, FL</b>	4. FEI Number <b>86-1096795</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33436</b>	Country <b>USA</b>	Zip <b>33436</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FITZGERALD, MARIA P 621 E. WOOLBRIGHT RD, STE 103 BOYNTON BEACH FL 33435</b>	
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7. Name and Address of New Registered Agent Name <b>FITZGERALD, MARIA P</b> Street Address (P.O. Box Number is Not Acceptable) <b>1910 PALMLAND DRIVE UNIT B</b> City <b>BOYNTON BEACH</b> FL <b>33436</b>	
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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 <b>Maria P Fitzgerald</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>2/16/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FITZGERALD, MARIA P 651 E WOOL BRIGHT RD STE 301 BOYNTON BEACH FL 33435</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Fitzgerald, Maria P 1910 PALMLAND DRIVE UNIT B BOYNTON BEACH, FL. 33436</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <b>Maria P Fitzgerald</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <b>2/16/06</b>	Daytime Phone # <b>561-7404080</b>
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