2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000008530

1. Entity Name
MRS. G E F E ' S HEALTH INSTITUTE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -8 AM 10: 04

Principal Place of Business	Mailing Address
1058 HYPOLUXO RD LAKE WORTH, FL 33462	P O BOX 8445 DELRAY BEACH, FL 33484

09022005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1600 South Dixie Hwy	P.O. Box 8445
Suite, Apt. #, etc.: D	Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State: Delray Beach, FL
Zip: 33462 Country	Zip: 33484 Country

4. FEI Number: 47-0940112 ☐ 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
PHYLIPPE, MOSES E 1058 HYPOLUXO RD LAKE WORTH, FL 33462	Name: DR. RiKem Jean-Philippe Street Address (P.O. Box Number is Not Acceptable): 1600 South Dixie Hwy City: Lake Worth FL Zip Code: 33462

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: Moses E Phylippe — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 09-01-2005

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD PHYLIPPE, MOSES E 1058 HYPOLUXO RD LAKE WORTH, FL 33462	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MgR DR. RiKem Jean-Philippe 1600 South Dixie Hwy Lake Worth, FL 33462	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PHYLIPPE, KEVIN A 1058 HYPOLUXO RD LAKE WORTH, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Kevin A Phylippe 1600 South Dixie Hwy Lake Worth, FL 33462	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kemson R. Jean-Philippe 1600 S Dixie Hwy Lake Worth, FL 33462	☐ 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	800060049748 09/28/05--01054--003 **55.00	☐ Change ☑ Addition
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: _____ 09-01-2005

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