


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2006 8:00 am
Secretary of State

06-28-2006 90096 041 ****55.00

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|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L04000008530 |  |
| 1. Entity Name MRS. G E F E ' S HEALTH INSTITUTE, LLC | |

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|------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business 1600 SOUTH DIXIE HWY LAKE WORTH, FL 33462 | Mailing Address P O BOX 8445 DELRAY BEACH, FL 33484 |
|------------------------------------------------------------------------------------|------------------------------------------------------------------|

40097352



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|---------------------------------------|--------------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address P.O. Box 8445 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State FL, Delray Beach |
| Zip | Zip 33484 |
| Country | Country USA |

06232006 Chg-LLC CR2E083 (11/05)

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|------------------------------------|--------------------------------------|
| 4. FEI Number 47-0940112 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent JEAN-PHILIPPE, RIKEM N DR 1600 SOUTH DIXIE HWY LAKE WORTH, FL 33462 | 7. Name and Address of New Registered Agent Name: DR. Rikem Jean Philippe Street Address (P.O. Box Number is Not Acceptable): 4232 N S Road 7 4232 North State Road 7 City: FT. Lauderdale FL Zip Code: 33319 |
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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:  DATE: 06-23-2006
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| TITLE MGR | NAME JEAN-PHILIPPE, RIKEM DR STREET ADDRESS 1600 SOUTH DIXIE HWY CITY-ST-ZIP LAKE WORTH, FL 33462 | TITLE Pres. | NAME DR. Rikem Jean Philippe STREET ADDRESS 1600 S. Dixie Hwy. CITY-ST-ZIP Lake Worth, FL 33460 |
| TITLE S | NAME JEAN-PHILIPPE, KEVIN A STREET ADDRESS 1600 SOUTH DIXIE HWY CITY-ST-ZIP LAKE WORTH, FL 33462 | TITLE MGR | NAME Marie L. Monargent STREET ADDRESS 711 E Chatelaine Blvd. CITY-ST-ZIP Delray Beach, FL 33445 |
| TITLE O | NAME JEAN-PHILIPPE, KENISON R STREET ADDRESS 1600 S DIXIE HWY CITY-ST-ZIP LAKE WORTH, FL 33462 | TITLE | NAME |
| TITLE | NAME | TITLE | NAME |
| TITLE | NAME | TITLE | NAME |
| TITLE | NAME | TITLE | NAME |
| TITLE | NAME | TITLE | NAME |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #