

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000008530

FILED
Aug 17, 2006
Secretary of State**Entity Name:** MRS. G E F E ' S HEALTH INSTITUTE, LLC**Current Principal Place of Business:**1600 SOUTH DIXIE HWY
LAKE WORTH, FL 33462**New Principal Place of Business:****Current Mailing Address:**P O BOX 8445
DELRAY BEACH, FL 33484**New Mailing Address:****FEI Number:** 47-0940112**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JEAN-PHILIPPE, RIKEM N DR
4232 NORTH STATE ROAD 7
FORT LAUDERDALE, FL 33319 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**MANAGING MEMBERS/MANAGERS:**Title: MGR () Delete
Name: JEAN-PHILIPPE, RIKEM DR
Address: 1600 SOUTH DIXIE HWY
City-St-Zip: LAKE WORTH, FL 33462Title: P () Delete
Name: PHILIPPE, RIKEM J
Address: 1600 S DIXIE HWY
City-St-Zip: LAKE WORTH, FL 33460Title: MGR () Delete
Name: MONGARGENT, MARIE L
Address: 711 E CHATELAIRE BLVD
City-St-Zip: DELRAY BEACH, FL 33445Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP () Change (X) Addition
Name: JOSEPH, EDOUARD
Address: 1600 SOUTH DIXIE HWY SUITE D
City-St-Zip: LAKE WORTH, FL 33460

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: RIKEM JEAN PHILIPPE

P

08/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date