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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20060010

LR 11/15/05

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000034215

1. Entity Name
PREVENTIVE HEALTH SERVICES LLC

Principal Place of Business	Mailing Address
GARDENS MEDICAL PARK 3345 BURNS RD. ~~#207~~ PALM BEACH GARDENS, FL 33410	GARDENS MEDICAL PARK 3345 BURNS RD. ~~#207~~ PALM BEACH GARDENS, FL 33410

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. #206		Suite, Apt. #, etc. #206	
City & State		City & State	
Zip	Country	Zip	Country

08122005 Chg-LLC CR2E083 (10/03)

4. FEI Number 27-0098131 ☐ 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
POWERS, WILLIAM K 3345 BURNS RD. #207 PALM BEACH GARDENS, FL 33410	Name Don Montano Street Address (P.O. Box Number is Not Acceptable) 3345 Burns Road, Suite #207 City Palm Beach Gardens FL Zip Code 33410

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 Donald Montano June 13, 2005
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 September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POWERS, WILLIAM K 19900 EARLWOOD JUPITER, FL 33458	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Don Montano 3345 Burns Rd #206 Palm Beach Garden	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, KEVIN 105 RAINBOW FISH CIRCLE JUPITER, FL 33477	☐ 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
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
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: Donald Montano June 13, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #