

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 26, 2007 8:00 am**  
**Secretary of State**

07-26-2007 90010 050 \*\*\*\*50.00

<b>DOCUMENT # L04000034215</b>	
1. Entity Name <b>PREVENTIVE HEALTH SERVICES LLC</b>	

Principal Place of Business <b>GARDENS MEDICAL PARK 3345 BURNS RD. #204 PALM BEACH GARDENS, FL 33410</b>	Mailing Address <b>GARDENS MEDICAL PARK 3345 BURNS RD. #204 PALM BEACH GARDENS, FL 33410</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07122007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>27-0098131</b>	Applied For <input type="checkbox"/> Not Applicable
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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>POWERS, WILLIAM K 3345 BURNS RD. #204 PALM BEACH GARDENS, FL 33410</b>	

7. Name and Address of New Registered Agent	
Name <b>Montano, Don</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3345 Burns Road #206</b>	
City <b>Palm Beach Gardens</b>	Zip Code <b>FL 33458</b>

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* (NOTE: Registered Agent signature required when reinstating) DATE 7/19/07

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTANO, DON 3345 BURNS RD #206 PALM BEACH GARDEN, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, KEVIN 105 RAINBOW FISH CIRCLE JUPITER, FL 33477 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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 *Donald Montano* DATE 7/19/07 DAYTIME PHONE # 561-743-8951