2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# L04000050913

Entity Name: BACK TO HEALTH, LLC

Current Principal Place of Business:

1881 N.E. 26TH STREET
SUITE 10
WILTON MANORS, FL 33305 US

New Principal Place of Business:

Current Mailing Address:

1881 N.E. 26TH STREET
SUITE 10
WILTON MANORS, FL 33305 US

New Mailing Address:

FEI Number: 75-3160511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOLDRIDGE, DARLENE S
1881 N.E. 26TH STREET
SUITE 10
WILTON MANORS, FL 33305 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: MGRM ( ) Delete
Name: WOOLDRIDGE, DARLENE S
Address: 2727 N.E. 20TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33305 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: CASEY, KATHLEEN M
Address: 3601 NE 17TH AVE.
City-St-Zip: OAKLAND PARK, FL 33334

I hereby certify that the information supplied with this filing does not qualify 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: DARLENE S. WOOLDRIDGE PT 01/09/2008

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