2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# L04000051028

Entity Name: FLORIDA HEALTH DYNAMICS, LLC

Current Principal Place of Business:

7159 NE 30TH ST
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

7159 NE 30TH ST
HIGH SPRINGS, FL 32643

New Mailing Address:

FEI Number: 20-1357556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNIGHT, WILLIAM K
7159 NE 30TH ST
HIGH SPRINGS, FL 32643 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: KNIGHT, WILLIAM K
Address: 7159 NE 30TH ST
City-St-Zip: HIGH SPRINGS, FL 32643

Title: MGRM ( ) Delete
Name: CRONIN, BILL
Address: 168 LITTLE HARBOR RD
City-St-Zip: NEW CASTLE, NH 038542125

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KNIGHT, WILLIAM K
Address: 7159 NE 30TH ST
City-St-Zip: HIGH SPRINGS, FL 32643

Title: MGR (X) Change ( ) Addition
Name: CRONIN, BILL
Address: 168 LITTLE HARBOR RD, PO BOX 2125
City-St-Zip: NEW CASTLE, NH 038542125

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: WILLIAM F CRONIN III MGR 01/27/2006

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