

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000051028

Entity Name: FLORIDA HEALTH DYNAMICS, LLC

FILED
Oct 10, 2007
Secretary of State

Current Principal Place of Business:

7159 NE 30TH ST
HIGH SPRINGS, FL 32643

New Principal Place of Business:

20016 NW 258TH DRIVE
HIGH SPRINGS, FL 32643 US

Current Mailing Address:

7159 NE 30TH ST
HIGH SPRINGS, FL 32643

New Mailing Address:

PO BOX 2773
HIGH SPRINGS, FL 32655 US

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:

KNIGHT, WILLIAM K
20016 NW 258TH DRIVE
HIGH SPRINGS, FL 32643 US

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:

10/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KNIGHT, WILLIAM K
Address: 20016 NW 258TH DRIVE
City-St-Zip: HIGH SPRINGS, FL 32643

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

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: WILLIAM K. KNIGHT

MGR

10/10/2007

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