

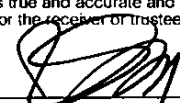


FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90278 042 ****55 00

DOCUMENT # L04000052847				Secretary of State	
1. Entity Name HEALTH AWARENESS FOUNDATION, L.L.C.				04-08-2005 90278 042 *****55.00	
Principal Place of Business C/O 16109 CAMAS AVENUE PORT CHARLOTTE, FL 33954		Mailing Address C/O 16109 CAMAS AVENUE PORT CHARLOTTE, FL 33954			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A		03012005 Chg-LLC CR2E083 (10/03)	
City & State N/A		City & State N/A		4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip Country		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAXLEY, MILTON H II 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				N/A	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM Brenda Morse C/O 16109 Camas Avenue Port Charlotte, FL 33954 <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		MGRM Robert Morse C/O 16109 Camas Avenue Port Charlotte, FL 33953 <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 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: 		4-4-05 941255-1979			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			