2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State
09-12-2005 90121 043 ****50.00

DOCUMENT # L04000065497

1. Entity Name
PROACTIVE HEALTH CONCEPTS, LLC

Principal Place of Business	Mailing Address
1327 WOODRIDGE AVENUE NAPLES, FL 34103	1327 WOODRIDGE AVENUE NAPLES, FL 34103

07112005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
~~PMB 12~~ 9348 SW 222 Way	~~PMB 12~~ 9348 SW 222 Way
Suite, Apt. #, etc. ~~P.O. Box 413005~~	Suite, Apt. #, etc. ~~P.O. Box 413005~~
City & State ~~Naples, FL~~ Miami, FL	City & State ~~Naples, FL~~ Miami, FL
Zip ~~34101-3005~~ 33190 Country USA	Zip ~~34101-3005~~ 33190 Country USA

FM

4. FEI Number 20-1574722 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOOD, DOUGLAS A 1000 TAMIAMI TRAIL NORTH SUITE 201 NAPLES, FL 34102	Name: Wood, Douglas A Street Address (P.O. Box Number is Not Acceptable): 1000 Tamiami Trail North Suite 201 City: Naples, FL Zip Code: 34102

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 Flint D. Mitchell DATE 7/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MITCHELL, FLINT 1327 WOODRIDGE AVENUE NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9348 SW 222 Way Miami, FL 33190	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Flint D. Mitchell 7/12/05 239-821-7065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #