2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State DOCUMENT # L04000069342 05-02-2005 90371 003 ****50.00 TOTÁL VITALITY HEALTH CARE, LLC Principal Place of Business Mailing Address Idnianza P.O. BOX 2663 P.O. BOX 2663 CAPE CORAL, FL 33915 CAPE CORAL, FL 33915 US 2. Principal Place of Business 3. Mailing Address Po Box 15.266 Suite, Apt. #, etc. PO Box Suite, Apt. #, etc. 04282005 CR2E083 (10/03) Chg-LLC Applied For City & State 4. FEI Number 20 -1649154 Not Applicable 600 \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, KRISTINE K Street Address (P.O. Box Number is Not Acceptable) **523 CAPE CORAL PARKWAY** CAPE CORAL, FL 33904 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR MGR Change `Change Addition TITLE Delete TITLE Johnson, Kristine K PO Box 152663 Cape Coral, Fl JOHNSON, KRISTINE K NAME NAME STREET ADORESS P.O. BOX 2663 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33915 CITY-ST-7P TITLE ☐ Change ■ Addition Detete RHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP TOF ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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 eath; 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

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED