2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006
Secretary of State

DOCUMENT# L04000070060

Entity Name: PERSONALIZED HEALTH, L.L.C.

Current Principal Place of Business:

207 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

207 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-2239420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIS, STEPHEN C ESQ.
2015 CENTRE POINTE BLVD.
SUITE 103
TALLAHASSEE, FL 32308 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: BETANCOURT, ANTONIO M
Address: 207 OFFICE PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM ( ) Delete
Name: HALL, HENRY B
Address: 207 OFFICE PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

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

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

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: ANTONIO M. BETANCOURT MGRM 03/31/2006

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