

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072838

FILED
Sep 14, 2006
Secretary of State

Entity Name: THE HEALTH STATION, LLC

Current Principal Place of Business:

2500 N. A1A
INDIALANTIC, FL 32903

New Principal Place of Business:

2500 N. HWY A1A
INDIALANTIC, FL 32903

Current Mailing Address:

2500 N. A1A
INDIALANTIC, FL 32903

New Mailing Address:

2500 N. HWY A1A
INDIALANTIC, FL 32903

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DIGIOVANNI, LEA M
2500 N. A1A
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

DIGIOVANNI, LEA
2500 N. A1A
INDIALANTIC, FL 32903 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: LEA DIGIOVANNI

09/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DIGIOVANNI, LEA
Address: 2500 N. A1A
City-St-Zip: INDIALANTIC, FL 32903

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DIGIOVANNI, LEA M
Address: 2500 N.HWY A1A
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM () Change (X) Addition
Name: BARNES, DUSTIN M
Address: 2500 N. HWY A1A
City-St-Zip: INDIALANTIC, FL 32903

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: LEA DIGIOVANNI

RA

09/14/2006

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