

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004730

FILED
Apr 16, 2009
Secretary of State

Entity Name: MAXIMIZED LIVING HEALTH CENTERS, LLC

Current Principal Place of Business:

2515 NORTHBROOKE PLAZA DR.
SUITE 102
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

13965 W. CHINDEN BLVD.
SUITE 102
BOISE, ID 83713

New Mailing Address:

FEI Number: 20-2163286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL STRATTON, P.A.
1615 EDGEWATER DRIVE STE 150
ORLANDO, FL 32804 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: LERNER OF CELEBRATION LIMITED PARTNERSHIP
Address: 604 FRONT STREET
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: GREGORY, LOMAN
Address: 2515 NORTHBROOKE PAZA DRIVE #102
City-St-Zip: NAPLES, FL 34119

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 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: GREG LOMAN

MNGR

04/16/2009

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