## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 02, 2008 8:00 am Secretary of State 05-02-2008 90014 011 \*\*\*138.75 DOCUMENT # L05000006629 1. Entity Name D & S HEALTH ENTERPRISES, L.L.C. 60037940 lailing Address Principal Place of Business 31911 SKYLINE DR. 300 ARROWNOOD TRAIL DELAND, FL 32720 04072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1110554 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HENRY, STEVEN L DO NOT WRITE 300 ARROWWOOD TRAIL 31911 Skyline Dr. IN THIS SPACE DELAND, FL 327240 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM HENRY, STEVEN L NAME 300 ARROWWOOD TRAIL HE 31911 Skyline DA STREET ADDRESS DELAND, FL 3272# 0 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP-TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

R, OR AUTHORIZED REPRESENTATIVE

**FILED** 

## ATTACHMENT

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