

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010987

FILED
May 01, 2007
Secretary of State

Entity Name: HEALTH MANAGEMENT, LLC

Current Principal Place of Business:

2129 W. NEW HAVEN AVE.
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

2129 W. NEW HAVEN AVE.
WEST MELBOURNE, FL 32904 US

New Mailing Address:

FEI Number: 20-2277350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

LAM, CHARLES H
13490 OLD LIVINGSTON
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

LAM, CHARLES H
13490 OLD LIVINGSTON ROAD
NAPLES, FL 34109 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: CHARLES H. LAM

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RANIERI, WILLIAM
Address: 2129 WEST NEW HAVEN AVE.
City-St-Zip: WEST MELBOURNE, FL 32904 US

ADDITIONS/CHANGES:

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: WILLIAM A. RANIERI

MGR

05/01/2007

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