

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025863

**FILED**  
**Feb 06, 2008**  
**Secretary of State**

**Entity Name:** TRANSFORMATIVE HEALTH, PL

**Current Principal Place of Business:**

2504 W. AZELLE STREET, UNIT A  
TAMPA, FL 33609

**New Principal Place of Business:**

2504 W. AZEELE STREET, UNIT A  
TAMPA, FL 33609

**Current Mailing Address:**

2504 W. AZELLE STREET, UNIT A  
TAMPA, FL 33609

**New Mailing Address:**

2504 W. AZEELE STREET, UNIT A  
TAMPA, FL 33609

**FEI Number:** 20-2764665

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LORD, SARAH T  
5112 W. POE STREET  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

LORD, SARAH T  
2504 W AZEELE ST  
SUITE A  
TAMPA, FL 33609 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:

02/06/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LORD, SARAH T  
Address: 5112 W. POE AVE  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LORD, SARAH T  
Address: 2504 W AZEELE ST. SUITE A  
City-St-Zip: TAMPA, FL 33609

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: SARAH T LORD

MGR

02/06/2008

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