

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90021 018 \*\*\*\*50.00

<b>DOCUMENT # L05000027443</b>					
<b>1. Entity Name</b> NUTRITIONAL HEALING CENTERS, LLC					
<b>Principal Place of Business</b> 8202 SOLANO BAY LOOP, SUITE 323 TAMPA, FL 33635			<b>Mailing Address</b> 8202 SOLANO BAY LOOP, SUITE 323 TAMPA, FL 33635		
<b>2. Principal Place of Business</b> 5553 W. WATERS Suite, Apt. #, etc. STE. 302 City & State TAMPA FL Zip 33634 Country USA		<b>3. Mailing Address</b> 5553 W. WATERS Suite, Apt. #, etc. STE. 302 City & State TAMPA FL Zip 33634 Country USA			
03282006    Chg-LLC    CR2E083 (11/05)					
<b>4. FEI Number</b> 56-2507334				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102			<b>7. Name and Address of New Registered Agent</b> Name: <u>FREDDIE ULAN</u> Street Address (P.O. Box Number is Not Acceptable): <u>224 PORTREE DR</u> City: <u>DUNEDIN</u> <b>FL</b> Zip Code: <u>34698</u>		
<b>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.</b>					
SIGNATURE: <u>Freddie Ulan</u> <u>FREDDIE ULAN, MGR.</u> <u>4-17-06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIRNBACH, GEORGE DC 8202 SOLANO BAY LOOP, SUITE 323 TAMPA, FL 33635	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ULAN, FREDDIE DC CCN 8202 SOLANO BAY LOOP, SUITE 323 TAMPA, FL 33635	<input type="checkbox"/> Delete	MGR ULAN, FREDDIE 224 PORTREE DR. DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IRONS, LYNN 8202 SOLANO BAY LOOP, SUITE 323 TAMPA, FL 33635	<input type="checkbox"/> Delete	MGR IRONS, LYNN 608 N. OSCEOLA CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	MGR ARTHUR J. MAREN 80 ROGERS ST. PH C CLEARWATER, FL 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <u>Freddie Ulan</u> <u>FREDDIE ULAN</u> <u>4/17/06</u> <u>727-466-6069</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					