

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040142

FILED
Apr 30, 2006
Secretary of State

Entity Name: TOTAL HEALTH CENTER OF FLORIDA LLC

Current Principal Place of Business:

5425 SOUTH SEMORAN BOULEVARD, SUITE 6
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

5425 SOUTH SEMORAN BOULEVARD, SUITE 6
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 20-2722564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIERRA, KELLYS
5914 G WINDHOVER DRIVE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

SIERRA, KELLYS
5892 PEREGRINE AVE.
ORLANDO, FL 32819 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: KELLYS SIERRA

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIERRA, KELLYS
Address: 5425 SOUTH SEMORAN BOULEVARD, SUITE 6
City-St-Zip: ORLANDO, FL 32822

Title: MGRM () Delete
Name: CRANDALL, ROSEMARY
Address: 5425 SOUTH SEMORAN BOULEVARD, SUITE 6
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ROA, ALEX
Address: 5425 SOUTH SEMORAN BOULEVARD, SUITE 6
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the 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: KELLYS SIERRA

MGRM

04/30/2006

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