

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040142

FILED
Apr 30, 2008
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:

709 FORTANINI CIRCLE
OCOE, FL 34761

Current Mailing Address:

5425 SOUTH SEMORAN BOULEVARD, SUITE 6
ORLANDO, FL 32822

New Mailing Address:

709 FORTANINI CIRCLE
OCOE, FL 34761

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
5892 PEREGRINE AVE.
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

DELGADO, JENNY
709 FORTANINI CIRCLE
OCOE, FL 34761 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: JENNY DELGADO

04/30/2008

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DELGADO, JENNY
Address: 709 FORTANINI CIRCLE
City-St-Zip: OCOE, FL 34761

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: JENNY DELGADO

MGRM

04/30/2008

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