

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045275

FILED
Feb 06, 2008
Secretary of State

Entity Name: GENESIS HEALTH & FITNESS, LLC

Current Principal Place of Business:

15422 COUNTY LINE ROAD
SPRING HILL, FL 34610

New Principal Place of Business:

8411 BALM STREET
SPRING HILL, FL 34607

Current Mailing Address:

15422 COUNTY LINE ROAD
SPRING HILL, FL 34610

New Mailing Address:

8411 BALM STREET
SPRING HILL, FL 34607

FEI Number: 20-2797220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADO, MICHELE
15422 COUNTY LINE ROAD
SPRING HILL, FL 34610 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MICHELE RADO TTEE, T, HE RADO FAMILY TRUST
Address: 15422 COUNTY LINE ROAD
City-St-Zip: SPRING HILL, FL 34610

Title: MGRM () Delete
Name: PASTORELLI, FRANK
Address: 2275 AINSWORTH AVE
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES:

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

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: MICHELE RADO

MMBR

02/06/2008

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