

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050001

FILED
Jul 04, 2006
Secretary of State

Entity Name: GLOBAL HEALTH INNOVATIONS, LLC.

Current Principal Place of Business:

504 LAKE HILL LANE
LARGO, FL 33771

New Principal Place of Business:

915 HARBOR LAKE CT
SUITE B
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

PO BOX 72
LARGO, FL 33779

New Mailing Address:

915 HARBOR LAKE CT
SUITE B
SAFETY HARBOR, FL 34695 US

FEI Number: 20-2776455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHACHTER, ANDREW I
504 LAKE HILL LANE
LARGO, FL 33771 US

Name and Address of New Registered Agent:

JONES, TAMARA L
915 HARBOR LAKE CT
SUITE B
SAFETY HARBOR, FL 34695 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: TAMARA L JONES

07/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHACHTER, ANDREW I
Address: PO BOX 72
City-St-Zip: LARGO, FL 33779 US

Title: MGRM () Delete
Name: JONES, TAMARA L
Address: 504 LAKE HILL LANE
City-St-Zip: LARGO, FL 33771 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, TAMARA L
Address: 915 HARBOR LAKE CT, SUITE B
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM (X) Change () Addition
Name: CIBAS, JONAS R
Address: 915 HARBOR LAKE CT
City-St-Zip: SAFETY HARBOR, SUITE B, FL 34695 US

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: TAMARA L JONES

MGRM

07/04/2006

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