2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# L05000056161

Entity Name: SOUTHEAST INSTITUTE FOR OPTIMAL HEALTH, LLC

Current Principal Place of Business:

78 RICKER AVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

82 S. BARRETT SQUARE
SUITE 2F
ROSEMARY BEACH, FL 32461

Current Mailing Address:

78 RICKER AVE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

307 VENTANA BLVD
SANTA ROSA BEACH, FL 32459

FEI Number: 20-2960501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VARNADORE, WILLIAM E
307 VENTANA BLVD.
SANTA ROSA BLVD., FL 32459 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: VARNADORE, WILLIAM E
Address: 307 VENTANA BLVD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: OWNE (X) Change ( ) Addition
Name: VARNADORE, WILLIAM E
Address: 307 VENTANA BLVD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: WILLIAM E. VARNADORE, JR D.O. OWNE 04/24/2008

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