2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# L05000064717

Entity Name: GETALIFE LLC

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 904
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 904
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-1123623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOSWELL, KELLY M PH.D.
6817 SOUTHPOINT PARKWAY
SUITE
JACKSONVILLE, FL 32216 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:	BOSWELL, KELLY M PH.D.	
Address:	6817 SOUTHPOINT PARKWAY, SUITE 904	
City-St-Zip:	JACKSONVILLE, FL 32216 US	
Title:	MGRM	( ) Delete
Name:	WINTERBOTHAM, KATHLEEN PH.D.	
Address:	6817 SOUTHPOINT PARKWAY, SUITE 904	
City-St-Zip:	JACKSONVILLE, FL 32216 US	
Title:	MGR	( ) Delete
Name:	GREENBERG, GLEN	
Address:	6817 SOUTHPOINT PARKWAY, SUITE 904	
City-St-Zip:	JACKSONVILLE, FL 32216 US	
Title:	MGR	( ) Delete
Name:	WINTERBOTHAM, JACK	
Address:	3720 WICKLOW MANOR COURT	
City-St-Zip:	JACKSONVILLE, FL 32224 US	
Title:	MGR	( ) Delete
Name:	DAVIS, ROGER T PH.D.	
Address:	6817 SOUTHPOINT PARKWAY, SUITE 904	
City-St-Zip:	JACKSONVILLE, FL 32216 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KELLY BOSWELL, PH.D. MGR 01/11/2008

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