

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065032

FILED  
May 19, 2006  
Secretary of State

Entity Name: XO HEALTH, LLC

**Current Principal Place of Business:**

101 PLAZA REAL SOUTH NO. 212  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

101 PLAZA REAL SOUTH NO. 212  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 30-2071843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

**Name and Address of New Registered Agent:**

DUCKETT, MELVIN  
101 PLAZA REAL SOUTH NO. 212  
BOCA RATON, FL 33432      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DUCKETT, MELVIN  
Address: 101 PLAZA REAL SOUTH NO. 212  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete  
Name: DUCKETT, RYAN  
Address: 101 PLAZA REAL SOUTH NO. 212  
City-St-Zip: BOCA RATON, FL 33432

**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 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: MELVIN J DUCKETT

CEO

05/19/2006

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