

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000065952

**FILED**  
**Jan 22, 2008**  
**Secretary of State**

**Entity Name:** GOOD HEALTH ASSOCIATES/SBG DIVISION, L.L.C.

**Current Principal Place of Business:**

1369 OAKFIELD DR.  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

1369 OAKFIELD DR.  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:** 20-3552256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCDERMOTT, MICHAEL J  
791 W. LUMSDEN RD.  
BRANDON, FL 33511 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: SCHWABE, DARRELL  
Address: 1369 OAKFIELD DR.  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES:**

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:** DARRELL D SCHWABE

MGRM

01/22/2008

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