

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092339

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: ULTIMATE HEALTH ASSOCIATES, LLC

**Current Principal Place of Business:**

515 W. SR 434 STE 205  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

515 W. SR 434 STE 205  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 20-3508017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOFFEN, DEBRA P  
1087 BLOOMSBURY RUN  
LAKE MARY, FL 32746 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: HOFFEN, DEBRA P  
Address: 1087 BLOOMSBURY RUN  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Delete  
Name: HOFFEN, BRUCE R  
Address: 1087 BLOOMSBURY RUN  
City-St-Zip: LAKE MARY, FL 32746

**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 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: DEBRA P HOFFEN

MGRM

04/23/2008

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