

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092339

FILED
Mar 23, 2009
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

PRES

03/23/2009

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