


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000100571					
1. Entity Name SUPERIOR HEALTH AND EMPOWERMENT, LLC					
Principal Place of Business 4050 LONGLEAF COURT TALLAHASSEE, FL 32310			Mailing Address 4050 LONGLEAF COURT TALLAHASSEE, FL 32310 <div style="text-align: right; font-size: 1.5em; font-weight: bold;">BK</div>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3615404	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent REDGRAVE, DENISE A 800 OCALA ROAD, SUITE 300-138 TALLAHASSEE, FL 32304			7. Name and Address of New Registered Agent Name <u>Redgrave, Denise A</u> Street Address (P.O. Box Number is Not Acceptable) <u>4050 Longleaf Ct.</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32310</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		<div style="font-size: 2em; font-weight: bold;">BK</div>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <u>Redgrave</u> REDGROVE, DENISE 800 OCALA ROAD, SUITE 300-138 TALLAHASSEE, FL 32304		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Redgrave, Denise</u> <u>4050 Longleaf Ct.</u> <u>Tallahassee, FL 32310</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Denise A. Redgrave</u>			<u>4/20/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202007 Chg-LLC CR2E083 (12/06)