2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| DOCUMENT # L05000100571 | | | | | | ח | |
|--|--|----------------------------------|-------------------------------|----------------------|---|---------------------------------------|-----------------------------|
| Entity Name SUPERIOR HEALTH AND EMPOWERMENT, LLC | | | | | OT APR 20 PA | 110 | |
| Principal Plac | e of Business | Mailing Address | | | SECRETARY OF TALLAHASSEE. F | 0.7 | |
| 4050 LONGLEAF COURT | | 4050 LONGLEAF COURT | | | ALLAHASSEF | PIAIE | |
| TALLAHASSEE, FL 32310 | | | | K | 1 | CORIDA | |
| | | | D, | V | 1 19898U SO SPISI SUN PENI SEM SPISI IIPU SAM | | |
| 2. Principal P | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | |
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| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 04202007 Chg-LLC CR2 | E083 (12/06) | |
| 0) 10) | | City & Ctate | | | , , , , , , , , , , , , , , , , , , , | | |
| City & State | | City & State | | | 4. FEI Number 20-3615404 | | oplied For ot Applicable |
| Zip Country | | Zip Country | | | | \$5.00 Add | |
| · | | , | , | | 5. Certificate of Status Desired | Fee Require | |
| | 6. Name and Address of Current | Registered Agent | Name | | 7. Name and Address of New Registere | d Agent | |
| DEDODAVE DENICE A | | | | RA | darave, Denise | . A | |
| REDGRAVE, DENISE A 800 OCALA ROAD, SUITE 300-138 | | | Street / | | P.O.Box Number is Not Acceptable) | , , , , , , , , , , , , , , , , , , , | |
| | SSEE, FL 32304 | | | +051 | | | |
| | | | | | | | |
| | | | City . | / 1 | lahassee F | Zip Cod | |
| 8 The above | named entity submits this statement for | or the nurnose of changing its | registered office o | r register | ed agent, or both, in the State of Florida. I a | _ i | 310 |
| the obligat | ions of registered agent. | or the purpose of changing his | registered office o | register | ed agent, or both, in the state of Florida. Ta | iir iairiillar wilii, | ани ассері |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | : Registered Agent signa | ture required | when reinstating) DAT | · | |
| | | | 777 | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | ЭK | | Make check Florida Depart | | |
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| 9. | MANAGING MEMBE | ERS/MANAGERS | 10. | | ADDITIONS/CHANG | ES | |
| TITLE | MGRM Red Grave REDGROVE, DENISE | ☐ Delete | TITLE | 100 | edgrave, Denise | Change | ☐ Addition |
| NAME REDCREVE, DENISE STREET ADDRESS 800 OCALA ROAD, SUITE 300-138 | | | NAME | | 050 Longleaf Ct | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32304 | 130 | STREET ADDRESS CITY-ST-ZIP | 41 | allahassee, FL | 3231 | r n |
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| NAME | | □ belete | NAME | | Enonger - 4 | | ☐ Youtton |
| STREET ADDRESS | | | STREET ADDRESS | | 500098316 04/24/070.0540.0 | | าก |
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| NAME | | LJ Deiele | NAME | | | ☐ Change | ☐ Addition |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| 11. I hereby | certify that the information supplied with | this filing does not qualify for | the exemptions o | ontained i | in Chapter 119, Florida Statutes. I further cer | tify that the info | rmation |
| indicated | on this report is true and accurate and bility company or the receiver or truste | I that my signature shall have t | the same legal effe | ct as if m | nade under oath; that I am a managing mem | ber or manage | r of the |
| j. | 61 | 1, 2 | / | ,p. | / / | | |
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| ČICNIAT | TIDE. () PILL | a) a. Ke | danai | ×e | 4/20/01 | 7 | |
| ŠIGNAT | URE: SIGNATURE AND TYPED OR PRINTED NAME O | OF SIGNING MANAGING MEMBER. MAN | AGN CLI | D REPRESE | 4/20/01 | Daytime Phone # | |