

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101475

FILED
Jul 06, 2006
Secretary of State

Entity Name: ADVANTAGE HEALTH SCIENCES, LLC

Current Principal Place of Business:

906 SKIPPER AVE.
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 856
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 41-2186081 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NELSON, THOMAS E
4602 SCARLET DR. E
CREWSTVIEW, FL 32539 US

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: NELSON, THOMAS E
Address: 4620 SCARLET DR. E.
City-St-Zip: CREWSTVIEW, FL 32539

Title: MGRM (X) Delete
Name: COLLINS, GARY W
Address: 1508 MONTE SANDERS LN
City-St-Zip: EL PASO, TX 79935

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 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: THOMAS E. NELSON

MGRM

07/06/2006

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