

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024061

Entity Name: ND HEALTH GROUP, LLC

FILED
Jul 18, 2008
Secretary of State

Current Principal Place of Business:

860 GRAND REGENCY POINTE
103
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

860 GRAND REGENCY POINTE
103
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

825 GRAND REGENCY POINTE
101
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

380 S. SR 434
1004-150
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-4796416 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:

MCPEAK, RICHARD
860 GRAND REGENCY POINTE
103
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

MCPEAK, RICHARD
825 GRAND REGENCY POINTE
101
ALTAMONTE SPRINGS, FL 32714 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: RICHARD MCPEAK

07/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCPEAK, RICHARD
Address: 860 GRAND REGENCY POINTE 103
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCPEAK, RICHARD
Address: 825 GRAND REGENCY POINTE 101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: RICHARD MCPEAK

MGRM

07/18/2008

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