2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047791

Entity Name: PLATINUM HEALTH & FITNESS, LLC

FILED Mar 16, 2007 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

10101 CROSBY PLACE 674 SW BAYSHORE BLVD.
PORT ST. LUCIE, FL 34986 US PORT ST. LUCIE, FL 34984 US

Current Mailing Address: New Mailing Address:

10101 CROSBY PLACE

PORT ST. LUCIE, FL 34986 US

FEI Number: 20-4844857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEONARD, JAMES 10101 CROSBY PLACE PORT ST. LUCIE, FL 34986 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: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 LEONARD, JAMES
 Name:

 Address:
 10101 CROSBY PLACE
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34986 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SAVOY, JEFF
 Name:

 Address:
 1544 SW BAYSHORE BLVD
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34983 US
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 TOOCH, PAT
 Name:

 Address:
 1967 SW CRANBERRY ST.
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34953 US
 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: JAMES LEONARD MGRM 03/16/2007