2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050733

Entity Name: BETTER HEALTH, LLC

FILED May 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12905 S.W. 42ND STREET, SUITE 212 MIAMI, FL 33175

Current Mailing Address: New Mailing Address:

12905 S.W. 42ND STREET, SUITE 212 MIAMI, FL 33175

FEI Number: 20-4889378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

STEARNS WEAVER MILLER WEISSLER ALHADEFF 150 WEST FLAGLER STREET, 2200 MUSEUM TOWER MIAMI, FL 33130 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:

Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: (X) Change () Addition () Delete NATKOW, NIEL DO COLLADO, RICHARD Name: Name:

Address: 12905 S.W. 42ND STREET, SUITE 212 Address: 12905 S.W. 42ND STREET, SUITE 212

MIAMI, FL 33175 City-St-Zip: City-St-Zip: MIAMI, FL 33175

Title: MGR () Delete Title: () Change () Addition

COLLINS, KEITH MD Name: Name: Address: 12905 S.W. 42ND STREET, SUITE 212 Address: City-St-Zip: MIAMI, FL 33175 City-St-Zip:

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

PLANA, NESTOR VIDAL, MARISA Name: Name:

1110 COUNTRY CLUB PRADO 12905 SW 42ND STREET, SUITE 212 Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33175

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

CHUNN, PATRICK Name: Name: 170693 NW 15TH STREET Address: Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip:

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

HARPER, FLOYD Name: Name: 19874 HIBISCUS Address: Address: TEQUESTA, FL 33469 City-St-Zip: City-St-Zip:

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 COLLADO 05/14/2007