2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L06000050733

Entity Name: BETTER HEALTH, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: MGR ( ) Delete
Name: COLLADO, RICHARD
Address: 12905 S.W. 42ND STREET, SUITE 212
City-St-Zip: MIAMI, FL 33175

Title: MGR ( ) Delete
Name: COLLINS, KEITH
Address: 12905 S.W. 42ND STREET, SUITE 212
City-St-Zip: MIAMI, FL 33175

Title: MGR ( ) Delete
Name: VIDAL, MARISA
Address: 12905 SW 42ND STREET, SUITE 212
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 CFO 04/14/2009

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