

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055542

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** HEALTH COMES FIRST LLC

**Current Principal Place of Business:**

23750 PLANTATION PALMS BLVD  
LAND O LAKES, FL 34639 US

**New Principal Place of Business:**

9619 JASMINE BROOK CIRCLE  
LAND O LAKES, FL 34638 US

**Current Mailing Address:**

23750 PLANTATION PALMS BLVD  
LAND O LAKES, FL 34639 US

**New Mailing Address:**

9619 JASMINE BROOK CIRCLE  
LAND O LAKES, FL 34638 US

FEI Number: 20-4955433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PORRETTA, KRISTEN L  
23750 PLANTATION PALMS BLVD  
LAND O LAKES, FL 34639 US

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

PORRETTA, KRISTEN L  
9619 JASMINE BROOK CIRCLE  
LAND O LAKES, FL 34638 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: \_\_\_\_\_

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PORRETTA, KRISTEN L  
Address: 23750 PLANTATION PALMS BLVD  
City-St-Zip: LAND O LAKES, FL 34639 US

Title: MGR ( ) Delete  
Name: PORRETTA, JOSEPH M  
Address: 23750 PLANTATION PALMS BLVD  
City-St-Zip: LAND O LAKES, FL 34639 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PORRETTA, KRISTEN L  
Address: 9619 JASMINE BROOK CIRCLE  
City-St-Zip: LAND O LAKES, FL 34638 US

Title: MGR (X) Change ( ) Addition  
Name: PORRETTA, JOSEPH M  
Address: 9619 JASMINE BROOK CIRCLE  
City-St-Zip: LAND O LAKES, FL 34638 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: JOSEPH M PORRETTA

MGR

04/30/2007

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