

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90078 047 \*\*\*\*50.00

<b>DOCUMENT # L06000065067</b>					
<b>1. Entity Name</b> EXTRAORDINARY HEALTH, LLC					
<b>Principal Place of Business</b> 5500 VILLAGE BOULEVARD SUITE 200 WEST PALM BEACH, FL 33407			<b>Mailing Address</b> 5500 VILLAGE BOULEVARD SUITE 200 WEST PALM BEACH, FL 33407		
<b>2. Principal Place of Business - No P.O. Box #</b> 5500 Village Blvd Suite, Apt. #, etc. Suite 202 City & State West Palm Beach, FL Zip 33407		<b>3. Mailing Address</b> 5500 Village Blvd Suite, Apt. #, etc. Suite 202 City & State West Palm Beach, FL Zip 33407			
04182007    Chg-LLC    CR2E083 (12/06)		<b>4. FEI Number</b> 20-5135102		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		<b>6. Name and Address of Current Registered Agent</b> DEWBERRY, JASON 5500 VILLAGE BOULEVARD SUITE 200 WEST PALM BEACH, FL 33407			
<b>7. Name and Address of New Registered Agent</b> Name: <del>Shari Gottesman</del> Shari Gottesman Street Address (P.O. Box Number is Not Acceptable) 5500 Village Blvd Suite 202 City: West Palm Beach    FL    Zip Code: 33407		<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <i>[Signature]</i> - SHARI GOTTESMAN, Esq. (NOTE: Registered Agent signature required when reinstating)    DATE: 4/12/07			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEWBERRY, JASON 5500 VILLAGE BOULEVARD, SUITE 200 WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>JASON DEWBERRY</del> <del>5500 VILLAGE BLVD SUITE 202</del> <del>WEST PALM BEACH, FL 33407</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUBIN, JORDAN 5500 VILLAGE BOULEVARD, SUITE 200 WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JORDAN RUBIN 5500 VILLAGE BLVD SUITE 202 West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICKOLE D. RUBIN 550 VILLAGE BLVD, STE 202 West Palm Beach, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICKOLE D. RUBIN 550 VILLAGE BLVD, STE 202 West Palm Beach, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICKOLE D. RUBIN 550 VILLAGE BLVD, STE 202 West Palm Beach, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICKOLE D. RUBIN 550 VILLAGE BLVD, STE 202 West Palm Beach, FL 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICKOLE D. RUBIN 550 VILLAGE BLVD, STE 202 West Palm Beach, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICKOLE D. RUBIN 550 VILLAGE BLVD, STE 202 West Palm Beach, FL 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>			DATE: 4/24/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					