

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065067

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: EXTRAORDINARY HEALTH, LLC

**Current Principal Place of Business:**

5500 VILLAGE BOULEVARD  
SUITE 202  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

5500 VILLAGE BOULEVARD  
SUITE 202  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 20-5135102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOTTESMAN, SHARI ESQ  
5500 VILLAGE BOULEVARD  
SUITE 202  
WEST PALM BEACH, FL 33407 US

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

BRAMS, JEFFREY ESQ  
5500 VILLAGE BOULEVARD  
SUITE 202  
WEST PALM BEACH, FL 33407 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: JORDAN S RUBIN

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RUBIN, JORDAN  
Address: 5500 VILLAGE BLVD SUITE 202  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM ( ) Delete  
Name: RUBIN, NICOLE D  
Address: 5500 VILLAGE BLVD SUITE 202  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES:**

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: JORDAN S RUBIN

MGRM

04/28/2008

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