

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067660

FILED
Jun 25, 2008
Secretary of State

Entity Name: NETWISE FOR HEALTH, LLC

Current Principal Place of Business:

7777 N. WICKHAM RD.
BOX 12-305
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

7777 N. WICKHAM RD.
BOX 12-305
MELBOURNE, FL 32940

New Mailing Address:

300 N DR.
SUITE 106
MELBOURNE, FL 32934

FEI Number: 20-5134580 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

PORTER, KIMBERLY
7777 N. WICKHAM RD.
BOX 12-305
MELBOURNE, FL 32940 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: PORTER, KIMBERLY
Address: 7777 N. WICKHAM RD.
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES:

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: KIMBERLY PORTER

MGR

06/25/2008

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