

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084161

FILED
Apr 15, 2009
Secretary of State

Entity Name: EMPOWERING HEALTH, LLC

Current Principal Place of Business:

5500 VILLAGE BLVD
202
WEST PALM BEACH, FL 3407

New Principal Place of Business:

5500 VILLAGE BLVD
SUITE 202
WEST PALM BEACH, FL 33407

Current Mailing Address:

5500 VILLAGE BLVD
202
WEST PALM BEACH, FL 3407

New Mailing Address:

5500 VILLAGE BLVD
SUITE 202
WEST PALM BEACH, FL 33407

FEI Number: 20-5490763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRAMS, JEFFREY ESQ
5500 VILLAGE BLVD
202
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

BRAMS, JEFFREY ESQ
5500 VILLAGE BLVD
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:

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUBIN, JORDAN S
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

04/15/2009

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