

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019040

Entity Name: LUM'S DRAGON HEALTH, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

345 COMMERCIAL COURT
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

345 COMMERCIAL COURT
VENICE, FL 34292

New Mailing Address:

FEI Number: 51-4745648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SISEK, MARGARET L
3307 CLARK RD STE 203
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

SISEK, MARGARET L
3307 CLARK RD
STE 201
SARASOTA, FL 34231 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: RON ADAMS

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRONCALE, MADALYN L
Address: 3345 7TH STREET
City-St-Zip: SARASOTA, FL 34237

Title: MGRM () Delete
Name: LUM, SHUN P
Address: 345 COMMERCIAL COURT
City-St-Zip: VENICE, FL 34292

Title: MGRM () Delete
Name: ADAMS, RONALD W
Address: 3307 CLARK ROAD, SUITE 102
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RON ADAMS

MAN

04/15/2009

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