

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025428

Entity Name: FOR YOUR HEALTH, LLC.

FILED  
Jan 05, 2008  
Secretary of State

## Current Principal Place of Business:

2100 SOUTHEAST 17TH STREET, SUITE 201  
OCALA, FL 34471

## New Principal Place of Business:

2100 SOUTHEAST 17TH STREET  
STE 201  
OCALA, FL 34471

## Current Mailing Address:

PO BOX 163  
OCALA, FL 34478

## New Mailing Address:

FEI Number: 22-3955442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: CHEN, MARK  
Address: 2100 SOUTHEAST 17TH STREET, SUITE 201  
City-St-Zip: OCALA, FL 34471

Title: MGR ( ) Delete  
Name: PLANTE, AMBER  
Address: 2100 SOUTHEAST 17TH STREET, SUITE 201  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CHEN, MARK  
Address: 2100 SOUTHEAST 17TH STREET, SUITE 201  
City-St-Zip: OCALA, FL 34471

Title: MGR (X) Change ( ) Addition  
Name: PLANTE, AMBER  
Address: 2100 SOUTHEAST 17TH STREET, SUITE 201  
City-St-Zip: OCALA, FL 34471

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: AMBER A. PLANTE, D.C.

MGR

01/05/2008

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