

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031764

FILED
Mar 12, 2008
Secretary of State

Entity Name: INTERNATIONAL HEALTH ESSENTIALS, LLC

Current Principal Place of Business:

1200 INDIANS ROCKS ROAD
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

1200 INDIANS ROCKS ROAD
LARGO, FL 33770

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROENNIMAN, MARGARET
1445 NE 16TH AVE.
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

BROENNIMAN, MARGARET
765 E. DAYTON CIRCLE
FORT LAUDERDALE, FL 33312 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: MARGARET BROENNIMAN

03/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROENNIMAN, MARGARET
Address: 1445 NE 16TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM () Delete
Name: MICHAELS, DAVID
Address: 1200 INDIAN ROCKS ROAD
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROENNIMAN, MARGARET
Address: 765 E. DAYTON CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM (X) Change () Addition
Name: MICHAELS, DAVID E
Address: 3 ADELAIDE TERRACE, #2
City-St-Zip: JAMICA PLAIN, MA 02130

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: MARGARET BROENNIMAN

MGRM

03/12/2008

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