

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062517

Entity Name: DAK HEALTH L.L.C.

FILED  
Jul 08, 2008  
Secretary of State

## Current Principal Place of Business:

27131 FOREST CREEK DR. #101  
BONITA SPRINGS, FL 34135

## New Principal Place of Business:

14261 S TAMIAMI TRAIL  
#11  
FORT MYERS, FL 33912

## Current Mailing Address:

27131 FOREST CREEK DR. #101  
BONITA SPRINGS, FL 34135

## New Mailing Address:

14261 S TAMIAMI TRAIL  
#11  
FORT MYERS, FL 33912

FEI Number: 33-1176482      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:

RINI, PEG  
27131 FOREST CREEK DR. #101  
BONITA SPRINGS, FL 34135      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: MGRM      ( ) Delete  
Name: KUBICEK, DAVID  
Address: 27131 FOREST CREEK DR. #101  
City-St-Zip: BONITA SPRINGS, FL 34135

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: KUBICEK, DAVID  
Address: 28700 SWEET BAY LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

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: DAVID KUBICEK

MGRM

07/08/2008

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