2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# L07000071329

Entity Name: ANTON'S HEALTH CARE, LLC.

Current Principal Place of Business:

1865 79TH STREET HIGHWAY, SUITE 11-F
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

8900 NE 1ST AVE
EL PORTAL, FL 33138

Current Mailing Address:

1865 79TH STREET HIGHWAY, SUITE 11-F
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

8900 NE 1ST AVE
EL PORTAL, FL 33138

FEI Number: 22-3966156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOBE CONSULTING SERVICES LLC
2895-A COLLINS AVE
MIAMI BEACH, FL 33140 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: ANTON, RAFAEL
Address: 1865 79TH STREET HIGHWAY, SUITE 11-F
City-St-Zip: NORTH BAY VILLAGE, FL 33141

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ANTON, RAFAEL
Address: 8900 NE 1ST AVE
City-St-Zip: EL PORTAL, FL 33138

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: RAFAEL ANTON MGR 03/16/2009

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