2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L07000100018

Entity Name: IMPACT HEALTH AND PERFORMANCE, PL

Current Principal Place of Business:

180 ALT. 19 N.
SUITE B
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

180 ALT. 19 N.
SUITE B
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 26-0851066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: MILLEN, JOSEPH D
Address: 2913 WESTON TERRACE
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGRM ( ) Delete
Name: HORRIGAN-MILLEN, CLAUDIA A
Address: 2913 WESTON TERRACE
City-St-Zip: PALM HARBOR, FL 34685 US

ADDITIONS/CHANGES:

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: CLAUDIA A. HORRIGAN-MILLEN MGRM 04/29/2009

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