

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103173

FILED  
Sep 02, 2008  
Secretary of State

Entity Name: BEST QUALITY HEALTH, LLC

## Current Principal Place of Business:

5703 RED BUG LAKE ROAD  
#106  
WINTER SPRINGS, FL 32708 49

## Current Mailing Address:

5703 RED BUG LAKE ROAD  
#106  
WINTER SPRINGS, FL 32708 49

## New Principal Place of Business:

467 LAKE HOWELL ROAD  
201  
MAITLAND, FL 32751 49

## New Mailing Address:

467 LAKE HOWELL ROAD  
201  
MAITLAND, FL 32751 49

FEI Number: 26-1211287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOYD, STEPHANIE L  
5703 RED BUG LAKE ROAD  
WINTER SPRINGS, FL 32708 US

## Name and Address of New Registered Agent:

BOYD, STEPHANIE L  
467 LAKE HOWELL ROAD  
201  
MAITLAND, FL 32751 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:

09/02/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BOYD, STEPHANIE L  
Address: 5703 RED BUG LAKE ROAD #106  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGRM ( ) Delete  
Name: GIROUX, KATHRYN S  
Address: 5703 RED BUG LAKE ROAD #106  
City-St-Zip: WINTER SPRINGS, FL 32708 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BOYD, STEPHANIE L  
Address: 467 LAKE HOWELL ROAD, STE 201  
City-St-Zip: MAITLAND, FL 32751 US

Title: MGRM (X) Change ( ) Addition  
Name: GIROUX, KATHRYN S  
Address: 467 LAKE HOWELL ROAD, STE 201  
City-St-Zip: MAITLAND, FL 32751 US

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: STEPHANIE L. BOYD

MGRM

09/02/2008

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