

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103173

FILED
Apr 29, 2009
Secretary of State

Entity Name: BEST QUALITY HEALTH, LLC

Current Principal Place of Business:

467 LAKE HOWELL ROAD
201
MAITLAND, FL 32751 49

Current Mailing Address:

467 LAKE HOWELL ROAD
201
MAITLAND, FL 32751 49

New Principal Place of Business:

467 LAKE HOWELL ROAD
201-4
MAITLAND, FL 32751 49

New Mailing Address:

467 LAKE HOWELL ROAD
201-4
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
467 LAKE HOWELL ROAD
201
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

BOYD, STEPHANIE L
467 LAKE HOWELL ROAD
201-4
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:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOYD, STEPHANIE L
Address: 467 LAKE HOWELL ROAD, STE 201-4
City-St-Zip: MAITLAND, FL 32751 US

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: STEPHANIE BOYD

MGRM

04/29/2009

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