

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104494

FILED
Feb 11, 2008
Secretary of State

Entity Name: EVIDENCE-BASED HEALTH SOLUTIONS, LLC

Current Principal Place of Business:

303 BOWEN RD
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

303 BOWEN RD
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: CARD, ALAN
Address: 303 BOWEN RD
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES:

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: ALAN J. CARD

MGR

02/11/2008

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