

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 4/1**

FILED
Jun 05, 2008 8:00 am
Secretary of State

04-18-2008 90150 036 ***138.75

DOCUMENT # L07000115497 1. Entity Name HEALTH RESTORATION LLC					
Principal Place of Business 236 S. W. 10TH STREET OCALA FL 34471			Mailing Address 236 S. W. 10TH STREET OCALA FL 34471		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 38-3769154	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ESTES, D. H 3507 EAST FORT KING STREET 234 OCALA FL 34470				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent Signature is required when reorganizing) _____ DATE _____					
FILE NOW!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ESTES, D. H		NAME		
STREET ADDRESS	3507 EAST FORT KING STREET		STREET ADDRESS		
CITY- ST- ZIP	OCALA FL 34470		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			6-5-08 352 6942002 Date Copy to Page 8		