

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 28, 2008
Secretary of State**

DOCUMENT# L07000118270

Entity Name: INDEPENDENCE HEALTH STRATEGIES, LLC.

Current Principal Place of Business:

837 BAYTREE LANE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

837 BAYTREE LANE
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 26-1536340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIAMBRUNO, SCOT
837 BAYTREE LANE
PONTE VEDRA BEACH, FL 32082 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: GIAMBRUNO, SCOT
Address: 837 BAYTREE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Delete
Name: TABBACK, TOM
Address: 12 WHITE MAGNOLIA CIRCLE
City-St-Zip: LAKEWAY, TX 78734 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: R. SCOTLEN GIAMBRUNO

MR.

04/28/2008

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