2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L07000119214

Entity Name: BALANCED CONCEPTS IN HEALTH, LLC

Current Principal Place of Business:

7999 PHILIPS HWY #206
JACKSONVILLE, FL 32256

New Principal Place of Business:

8613 OLD KINGS RD. S. BLDG #601
SUITE E
JACKSONVILLE, FL 32217

Current Mailing Address:

7999 PHILIPS HWY #206
JACKSONVILLE, FL 32256

New Mailing Address:

4367 BALLINGER DRIVE
JACKSONVILLE, FL 32257

FEI Number: 26-1497583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRANT, ABRAHAM, REITER, MCCORMICK & GREENE
50 NORTH LAURA STREET STE 2750
JACKSONVILLE, FL 32202 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: BOORAS, CHRISTINE M
Address: 7999 PHILIPS HWY. #206
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BOORAS, CHRISTINE M
Address: 4367 BALLINGER DR.
City-St-Zip: JACKSONVILLE, FL 32257

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: CHRISTINE M. BOORAS MGR 04/15/2009

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