

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000119214

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** BALANCED CONCEPTS IN HEALTH, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

4367 BALLINGER DRIVE  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**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  
Name: BOORAS, CHRISTINE M  
Address: 4367 BALLINGER DR.  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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

03/01/2010

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