

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123730

Entity Name: PILLARS OF HEALTH, LLC

FILED  
Mar 20, 2009  
Secretary of State

**Current Principal Place of Business:**

3493 KINGS RD  
APT 102  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

36181 EAST LAKE RD  
403  
PALM HARBOR, FL 34685

**New Mailing Address:**

FEI Number: 26-2154074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOREMAN, DAVID J  
3493 KINGS RD  
APT 102  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

FOREMAN, DAVID J MGR  
36181 EAST LAKE RD  
403  
PALM HARBOR, FL 34685 US

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: DAVID FOREMAN

03/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FOREMAN, DAVID J  
Address: 36181 EAST LAKE RD #403  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FOREMAN, DAVID J DAVID J  
Address: 36181 EAST LAKE RD #403  
City-St-Zip: PALM HARBOR, FL 34685

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: DAVID J FOREMAN

MGR

03/20/2009

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