

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123730

**Entity Name:** PILLARS OF HEALTH, LLC

**FILED**  
**Jan 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3493 KINGS RD  
APT 102  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

1372 BAY HARBOR DRIVE  
APT 102  
PALM HARBOR, FL 34685

**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 MGR  
36181 EAST LAKE RD  
403  
PALM HARBOR, FL 34685 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:** FOREMAN, DAVID J MGR  
**Address:** 36181 EAST LAKE RD #403  
**City-St-Zip:** PALM HARBOR, FL 34685

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: DAVID J FOREMAN      MGR      01/09/2010

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