2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# L07000125747

Entity Name: HANDS ON HEALTH, LLC

Current Principal Place of Business:

189 EDGEWATER BRANCH DRIVE
JACKSONVILLE, FL 32259

New Principal Place of Business:

189 EDGEWATER BRANCH DRIVE
ST JOHNS, FL 32259

Current Mailing Address:

189 EDGEWATER BRANCH DRIVE
JACKSONVILLE, FL 32259

New Mailing Address:

189 EDGEWATER BRANCH DRIVE
ST JOHNS, FL 32259

FEI Number: 26-1598557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SUMMERFORD, ALLEN
189 EDGEWATER BRANCH DRIVE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

SUMERFORD, ALLEN
189 EDGEWATER BRANCH DRIVE
ST JOHNS, FL 32259 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: ALLEN SUMERFORD 02/13/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SUMMERFORD, ALLEN
Address: 189 EDGEWATER BRANCH DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SUMERFORD, ALLEN
Address: 189 EDGEWATER BRANCH DRIVE
City-St-Zip: ST JOHNS, FL 32259

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: ALLEN SUMERFORD MGRM 02/13/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date