2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2011
Secretary of State

DOCUMENT# L07000125747

Entity Name: HANDS ON HEALTH, LLC

Current Principal Place of Business:

189 EDGEWATER BRANCH DRIVE
ST JOHNS, FL 32259

New Principal Place of Business:

Current Mailing Address:

189 EDGEWATER BRANCH DRIVE
ST JOHNS, FL 32259

New Mailing Address:

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

Name and Address of Current Registered Agent:

SUMERFORD, ALLEN
189 EDGEWATER BRANCH DRIVE
ST JOHNS, FL 32259 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: MGRM
Name: SUMERFORD, ALLEN
Address: 189 EDGEWATER BRANCH DRIVE
City-St-Zip: ST JOHNS, FL 32259

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 Statues.

SIGNATURE: ALLEN SUMERFORD MGRM 04/14/2011

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