2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# L08000015027

Entity Name: MY HEALTH NAVIGATOR, LLC

Current Principal Place of Business:

1300 NORTH LOCKWOOD RIDGE RD.
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21672
SARASOTA, FL 34276 US

New Mailing Address:

FEI Number: 26-2035472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEELE, TINA L
2839 TRINIDAD STREET
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

STEELE, TINA L
1300 N. LOCLWOOD RIDGE RD
201
SARASOTA, FL 34237 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: TINA STEELE 04/25/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STEELE, TINA L
Address: 2839 TRINIDAD STREET
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STEELE, TINA L
Address: 1300 N. LOCKWOOD RIDGE RD, APT. 201
City-St-Zip: SARASOTA, FL 34237

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: TINA STEELE MGRM 04/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date