2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# L08000031673

Entity Name: BRYAN'S HEALTH SOLUTIONS, LLC

Current Principal Place of Business:

1700 NORTHWEST 2ND STREET
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1700 NORTHWEST 2ND STREET
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 32-0242749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRYAN, ANDRA L
1700 NORTHWEST 2ND STREET
POMPANO BEACH, FL 33069 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 ( ) Delete
Name: BRYAN, ANDRA L
Address: 1700 NORTHWEST 2ND STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM ( ) Delete
Name: BRYAN, PRESTON A SR
Address: 1700 NORTHWEST 2ND STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: SORENSON, HILDUR M
Address: 66 MARTIN LUTHER KING AVE.
City-St-Zip: APALACHICOLA, FL 32329

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: ANDRA BRYAN MGRM 03/09/2009

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