2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048495

Entity Name: FLORIDA'S BEST HEALTH SOLUTIONS, LLC

FILED Jul 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10017 EASTERN LAKE AVE 9247 SWEET MAPLE AVE 202 ORLANDO, FL 32832

ORLANDO, FL 32817

Current Mailing Address: New Mailing Address:

10017 EASTERN LAKE AVE 9247 SWEET MAPLE AVE 202 ORLANDO, FL 32832 ORLANDO, FL 32817

FEI Number: 26-2630323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KHAN, RIZWANA

10017 EASTERN LAKE AVE

202

ORLANDO, FL 32817 US

KHAN, RIZWANA

9247 SWEET MAPLE AVE
ORLANDO, FL 32832 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: RIZWANA KHAN 07/15/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: KHAN, RIZWANA Name: KHAN, RIZWANA

Address: 10017 EASTERN LAKE AVE,APT 202 Address: 9247 SWEET MAPLE AVE City-St-Zip: ORLANDO, FL 32817 City-St-Zip: ORLANDO, FL 32832

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: RIZWANA KHAN MGRM 07/15/2009