

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067092

Entity Name: NEW HEALTH PRODUCTS LLC

FILED  
Jan 30, 2009  
Secretary of State

## Current Principal Place of Business:

401 B YELVINGTON AVENUE  
CLEARWATER, FL 33755

## New Principal Place of Business:

401 YELVINGTON AVENUE  
CLEARWATER, FL 33755

## Current Mailing Address:

401 B YELVINGTON AVENUE  
CLEARWATER, FL 33755

## New Mailing Address:

401 YELVINGTON AVENUE  
CLEARWATER, FL 33755

FEI Number: 26-3003482

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SINGER, DAVID DR.  
401 YELVINGTON AVENUE  
CLEARWATER, FL 33755 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: MGR ( ) Delete  
Name: SINGER, DAVID  
Address: 2840 W. BAY DRIVE, SUITE 225  
City-St-Zip: BELLEAIR BLUFF, FL 33770

Title: MGRM ( ) Delete  
Name: NABORS, MARY BETH  
Address: 2840 W. BAY DRIVE, SUITE 225  
City-St-Zip: BELLEAIR BLUFF, FL 33770

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: SINGER, DAVID  
Address: 2840 W. BAY DRIVE, SUITE 225  
City-St-Zip: BELLEAIR BLUFF, FL 33770

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

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: DAVID SINGER

P

01/30/2009

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