

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067111

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Entity Name:** DK HEALTH MANAGEMENT, LLC

**Current Principal Place of Business:**

8215 BLAIKIE COURT  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

8215 BLAIKIE COURT  
SARASOTA, FL 34240

**New Mailing Address:**

FEI Number: 26-2972948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GATES, CHAD L  
1074 N. ORANGE AVE., SUITE 102  
SARASOTA, FL 34236 US

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

YARON, DEVALD  
8215 BLAIKIE CT  
SARASOTA, FL 34240 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: YARON DEVALD

04/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: YARON, DEVALD  
Address: 8215 BLAIKIE CT  
City-St-Zip: SARASOTA, FL 34240

Title: MGRM ( ) Change (X) Addition  
Name: GABRIEL, KLIEN  
Address: 8215 BLAKIE CT  
City-St-Zip: SARASOTA, FL 34240

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: YARON DEVALD

MGMR

04/22/2009

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