

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