2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L08000084519

Entity Name: IDEAL FAMILY HEALTH, LLC

Current Principal Place of Business:

11850 9 STREET NORTH - # 18102
ST PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

11850 9 STREET NORTH - # 18102
ST PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 23-3326601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, OTNIEL
11850 9 STREET NORTH - # 18102
ST PETERSBURG, FL 33716 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: DE LA RUA, MAIRIM MD
Address: 11850 9 STREET NORTH - # 18102
City-St-Zip: ST PETERSBURG, FL 33716

Title: CEO ( ) Delete
Name: HERNANDEZ, OTNIEL
Address: 11850 9 STREET NORTH - # 18102
City-St-Zip: ST PETERSBURG, FL 33716

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DE LA RUA, MAIRIM
Address: 11850 9 STREET NORTH - # 18102
City-St-Zip: ST PETERSBURG, FL 33716

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: OTNIEL HERNANDEZ CEO 01/16/2009

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