2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L08000101405

Entity Name: KAHAN PREVENTIVE HEALTH CARE, P.L.

Current Principal Place of Business:

3665 MADACA LANE
TAMPA, FL 33618

New Principal Place of Business:

3661 MADACA LANE
TAMPA, FL 33618

Current Mailing Address:

3665 MADACA LANE
TAMPA, FL 33618

New Mailing Address:

3661 MADACA LANE
TAMPA, FL 33618

FEI Number: 26-3608640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAHAN, BRUCE A.
3665 MADACA LANE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

KAHAN, BRUCE A.
3661 MADACA LANE
TAMPA, FL 33618 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: _____ 03/30/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KAHAN, BRUCE A.
Address: 3665 MADACA LANE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KAHAN, BRUCE A.
Address: 3661 MADACA LANE
City-St-Zip: TAMPA, FL 33618

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: BRUCE A. KAHAN MGRM 03/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date