## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105253

Address:

City-St-Zip:

Entity Name: DESTINATION HEALTH, L.L.C.

FILED Jan 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5201 TIMBERVIEW TERR ORLANDO, FL 32819 **Current Mailing Address: New Mailing Address:** 5201 TIMBERVIEW TERR ORLANDO, FL 32819 FEI Number: 26-3798349 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALARAKHIA, OANA 5201 TIMBERVIEW TERR ORLANDO, FL 32819 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition ALARAKHIA, OANA Name: Name: Address: 5201 TIMBERVIEW TERR Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: ( ) Delete Title: MGRM ( ) Change (X) Addition Name: Name: ALARAKHIA, NASIR

Address:

City-St-Zip:

5201 TIMBERVIEW TERRACE

ORLANDO, FL 32819

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: OANA ALARAKHIA MGRM 01/28/2009