2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2010
Secretary of State

DOCUMENT# L09000024603

Entity Name: EMPOWERHEALTH, LLC

Current Principal Place of Business:

211 JOHN KNOX ROAD
SUITE 110
TALLAHASSEE, FL 32315

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3783
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 26-4464082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNIGHT, SUMMER S
211 JOHN KNOX ROAD
SUITE 110
TALLAHASSEE, FL 32315 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: MGR
Name: KNIGHT, SUMMER S
Address: 426 NORTH RIDE STREET
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 Statues.

SIGNATURE: SUMMER S. KNIGHT MGR 01/19/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date