2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# L10000092639

Entity Name: EHEALTH DIRECT!, LLC

Current Principal Place of Business:

11885 EAST BLUE COVE DRIVE
DUNNELLON, FL 34432

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 552
DUNNELLON, FL 34430

New Mailing Address:

FEI Number: 27-3385407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHMIDT, ROBERT L
11885 EAST BLUE COVE DRIVE
DUNNELLON, FL 34432 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
Name: PONS-SCHMIDT, MARIA
Address: POST OFFICE BOX 552
City-St-Zip: DUNNELLON, FL 34430

Title: MRGM
Name: SCHMIDT, ROBERT L
Address: POST OFFICE BOX 552
City-St-Zip: DUNNELLON, FL 34430

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: ROBERT L. SCHMIDT MGRM 04/25/2011

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