2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2012
Secretary of State

DOCUMENT# L11000032661

Entity Name: PHOTONIC HEALTH LLC

Current Principal Place of Business:

6998 NW HWY 27
SUITE 105
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

6998 NW HWY 27
SUITE 105
OCALA, FL 34482

New Mailing Address:

FEI Number: 26-3329644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OWEN, BRYAN W
6998 NW HWY 27
SUITE 105
OCALA, FL 34482 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: OWEN, BRYAN W
Address: 6998 NW HWY 27, SUITE 105
City-St-Zip: OCALA, FL 34482

Title: MGR
Name: WOODS, DONNA E
Address: 6998 NW HWY 27, SUITE 105
City-St-Zip: OCALA, FL 34482

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: DONNA WOODS MGR 06/26/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date