

2<sup>nd</sup> and File on or before Sept. 29, 1999 or Limited Liability Company  
FINAL NOTICE: will be dissolved.

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| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>18275 1999 | <br>FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 AUG 18 PM 2:10

|                         |   |
|-------------------------|---|
| FILING FEE<br>\$ 588.75 | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee<br>Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
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|   |                         |
|---|-------------------------|
| 1. Name and Mailing Address<br>of Limited Liability Company<br><br>NEW AGE HEALTH INNOVATIONS, LLC<br>10058 SPANISH ISLES BLVD., BLDG.F, BAY 5<br>BOCA RATON FL 33498 | DOCUMENT # L98000001598 |
|---|-------------------------|

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| 1a. Principal Place of Business Address<br><br>10058 SPANISH ISLES BLVD., B<br>BOCA RATON FL 33498 |
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|---|--|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country | 2a. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country | 3. Date Organized or Qualified<br>08/26/1998<br>3a. State of Formation<br>FL<br>4. FEI Number<br>65-0859898<br>5. Date of Last Report<br>N/A<br>6. Certificate of Status Desired<br>\$8.75 Additional Fee Required <input type="checkbox"/> |
|---|--|---|


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| 7. Name and Address of Current Registered Agent<br><br>BLOCH, STUART E<br>980 NORTH FEDERAL HWY., STE 205<br>BOCA RATON FL 33432 | 8. Name and Address of New Registered Agent/Office<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City<br>FL Zip Code MJH |
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address    | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| MGRM      | BANYAN HEALTH CARE PRO    | 10058 SPANISH ISLES BLVD., | BOCA RATON FL            |
| MGRM      | SUNCOAST PHARMACY, INC    | 10058 SPANISH ISLES BLVD., | BOCA RATON FL            |

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  7/29/99 561-488-5600  
SIGNATURE AND FILED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #



10058 Spanish Isles Blvd. • Suite F5 • Boca Raton, Florida 33498 • 561-479-3886 • 1-800-500-1447 • Fax 561-488-7964 • [www.nahealthinnovations.com](http://www.nahealthinnovations.com)

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July 29, 1999  
Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Please note that New Age Health innovations had never received an initial notice for Limited Liability Company annual report. The attached notice is the only notice received.

Enclosed please find annual filing fee of \$188.75.

Sincerely,

  
Jeffrey Salamon  
Managing partner



Ira Schulman  
My Commission CC847188  
Expires June 18, 2003

