2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

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Entity Name: BEST HEALTH SOLUTIONS, L.L.C.

Current Principal Place of Business:

4971 BACOPA LANE 801C
ST.PETERSBURG, FL 33715

New Principal Place of Business:

Current Mailing Address:

4971 BACOPA LANE 801C
ST.PETERSBURG, FL 33715

New Mailing Address:

FEI Number: 59-3562540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

W & P SERVICES INC
450 N. WYMORE ROAD
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

W & P SERVICES INC
1936 LEE ROAD
STE. 101
WINTER PARK, FL 32789 US

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: DAVID WEBSTER 01/09/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BURNS, TIMOTHY F
Address: 4971 BACOPA LANE 801C
City-St-Zip: ST PETE BEACH, FL 33715

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY BURNS VP 01/09/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date