2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State
08-06-2004 90060 039 ****50.00

DOCUMENT # M00000001694

1. Entity Name
HEALTH ACCEPTANCE, LLC

Principal Place of Business	Mailing Address
1444 SAN CRISTOBAL, UNIT F PUNTA GORDA, FL 33983	1444 SAN CRISTOBAL, UNIT F PUNTA GORDA, FL 33983

24078642

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08062004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 86-0468867 — Applied for / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PUARIEA, LOUIS D
~~26373 MADAGASCAR RD~~
~~PUNTA GORDA, FL 33983~~

~~SLENDER LIFE~~
9761 Eagle Preserve Ave.
Englewood, FL 34224

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	PUARIEA, LOUIS D	
STREET ADDRESS	~~26373 MADAGASCAR RD~~	
CITY-ST-ZIP	~~PUNTA GORDA, FL 33983~~	
TITLE	MGR	☐ Delete
NAME	PUARIEA, SHARON	
STREET ADDRESS	~~26373 MADAGASCAR RD~~	
CITY-ST-ZIP	~~PUNTA GORDA, FL 33983~~	

10. ADDITIONS/CHANGES

TITLE	~~SLENDER LIFE~~	☐ Change	☐ Addition
NAME	9761 Eagle Preserve Ave.		
STREET ADDRESS	Englewood, FL 34224		
CITY-ST-ZIP			

11. I 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 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.

SIGNATURE: Louis Puariea 8/6/04 941-628 0904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — DAYTIME PHONE #