2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# M02000002381

Entity Name: RITEHEALTH, LLC

Current Principal Place of Business:

5150 NORTH TAMIAMI TRAIL #600
NAPLES, FL 34103

New Principal Place of Business:

2640 GOLDEN GATE PARKWAY
SUITE #205
NAPLES, FL 34105

Current Mailing Address:

5150 NORTH TAMIAMI TRAIL #600
NAPLES, FL 34103

New Mailing Address:

2640 GOLDEN GATE PARKWAY
SUITE #205
NAPLES, FL 34105

FEI Number: 04-3679413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 ( ) Delete
Name: MALONE, ZACH
Address: 5150 NORTH TAMIAMI TRAIL #600
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MALONE, ZACH
Address: 2640 GOLDEN GATE PARKWAY, #205
City-St-Zip: NAPLES, FL 34105

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: ZACH MALONE MGR 05/01/2006

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