2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# M03000000782

Entity Name: FACTOR HEALTH MANAGEMENT, LLC

Current Principal Place of Business:

7700 CONGRESS AVE.
SUITE 3109
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

7700 CONGRESS AVE.
SUITE 3109
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 02-0660239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, STEVEN A
7700 CONGRESS AVE.
SUITE 3109
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

HASSAN, FERIAL ADMIN
7700 CONGRESS AVE.
SUITE 3109
BOCA RATON, FL 33487 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: FERIAL HASSAN 04/13/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCHNEIDER, STEVEN A
Address: 7700 CONGRESS AVE.
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MARTIN, JENNIFER CCO
Address: 7700 CONGRESS AVE.
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify 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: JENNIFER MARTIN CCO 04/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date