2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2009
Secretary of State

DOCUMENT# M05000004316

Entity Name: COMMITMENT TO HEALTH (CTH), LLC

Current Principal Place of Business:

1200 NORTH FEDERAL HIGHWAY
200
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2888
ORMOND BEACH, FL 32175

New Mailing Address:

P.O. BOX 480313
FT. LAUDERDALE, FL 33348

FEI Number: 33-0967206 **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:

SMITH, KENT
1200 NORTH FEDERAL HIGHWAY
200
BOCA RATON, FL 33432 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:	MGRM	( ) Delete
Name:	MANNELLA-SMITH, LENORE	
Address:	1200 NORTH FEDERAL HIGHWAY, SUITE200	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	MGR	( ) Delete
Name:	SMITH, KENT	
Address:	1200 NORTH FEDERAL HIGHWAY, SUITE 200	
City-St-Zip:	BOCA RATON, FL 33432	

ADDITIONS/CHANGES:

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

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: LENORE MANNELLA-SMITH MGRM 05/26/2009

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