

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 14, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000005818 1. Entity Name AMERICAN HEALTH ADVANTAGE, LLC	
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Principal Place of Business 1025 GREENWOOD BLVD., STE 121 LAKE MARY, FL 32746	Mailing Address 1025 GREENWOOD BLVD., STE 121 LAKE MARY, FL 32746
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DO NOT WRITE IN THIS SPACE



08292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3475943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ABEL, AL 293 DUBLIN DRIVE LAKE MARY, FL 32746
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

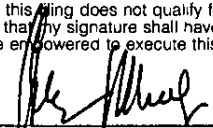
**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABEL, AL 1025 GREENWOOD BLVD., STE 121 LAKE MARY, FL 32746
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  **9/14/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #