

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006346

Entity Name: VITALIFE NETWORKS, LLC

FILED  
Apr 23, 2009  
Secretary of State

## Current Principal Place of Business:

83 KNIGHT BOXX ROAD  
SUITE 104  
ORANGE PARK, FL 32065

## New Principal Place of Business:

## Current Mailing Address:

83 KNIGHT BOXX ROAD  
SUITE 104  
ORANGE PARK, FL 32065

## New Mailing Address:

FEI Number: 20-4439873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FULFORD, PEGGY  
83 KNIGHT BOXX ROAD, STE. 104  
ORANGE PARK, FL 32065 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: FULFORD, JAMES  
Address: 83 KNIGHT BOXX ROAD, STE. 104  
City-St-Zip: ORANGE PARK, FL 32065

Title: MGR ( ) Delete  
Name: FAW, ROB  
Address: 83 KNIGHT BOXX ROAD, STE. 104  
City-St-Zip: ORANGE PARK, FL 32065

Title: MGR ( ) Delete  
Name: JOYE, BARRY  
Address: 83 KNIGHT BOXX ROAD, STE. 104  
City-St-Zip: ORANGE PARK, FL 32065

## ADDITIONS/CHANGES:

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

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: JAMES FULFORD

PRES

04/23/2009

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