

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000282

Entity Name: FACTOR HEALTH GROUP, LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

22107 MARTELLA AVE
BOCA RATON, FL 33433

New Principal Place of Business:

7700 CONGRESS AVE
SUITE 3109
BOCA RATON, FL 33487

Current Mailing Address:

P.O. BOX 27-3369
BOCA RATON, FL 334273369

New Mailing Address:

7700 CONGRESS AVE
SUITE 3109
BOCA RATON, FL 33487

FEI Number: 65-0638388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLEN, WILLIAM E
22107 MARTELLA AVE
BOCA RATON, FL 33433 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: SHAPIRO, GARY L
Address: P.O. BOX 24279
City-St-Zip: CHRISTIANSTED ST.CROIX,USVI, 00824

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: MARTIN, JENNIFER CCO
Address: 7700 CONGRESS AVE. SUITE 3109
City-St-Zip: BOCA RATON, FL 33487 US

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