2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026158

Name: Address:

City-St-Zip:

14574 83RD LANE N.

LOXAHATCHEE, FL 33470

Entity Name: VAN LANDINGHAM HEALTH QUEST, INC.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 525 9TH AVE W US PALMETTO, FL 34221 **Current Mailing Address: New Mailing Address:** 525 9TH AVE W PALMETTO, FL 34221 US FEI Number: 65-0577983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VAN LANDINGHAM, BRENDA 525 9TH AVE WEST PALMETTO, FL 34221 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition VAN LANDINGHAM, BRENDA Name: Name: 525 9TH AVE. WEST Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition VAN LANDINGHAM, ERNEST Name: Name: 525 9TH AVE WEST Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: () Delete Title: (X) Change () Addition MARECKI, CHRISTINE MARECKI, CHRISTINE Name: Name: 285 CENTENNIAL OLYMPIC PARK, APT 1708 285 CENTENNIAL OLYMPIC PARK, APT 1708 Address: Address: City-St-Zip: ATLANTA, GA 30313 City-St-Zip: ATLANTA, GA 30313 Title: () Delete Title: (X) Change () Addition HEDEGARD, DABNEY HEDEGARD, DABNEY

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

14574 83RD LANE N.

LOXAHATCHEE, FL 33470

Ρ SIGNATURE: BRENDA VANLANDINGHAM 01/04/2008