
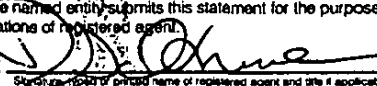
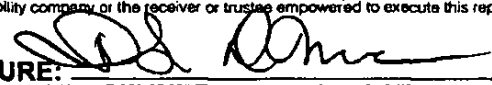


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90020 023 \*\*\*138.75

<b>DOCUMENT # L07000100625</b>					
1. Entity Name RELIANT HEALTH GROUP LLC					
Principal Place of Business 812 ARROWHEAD LANE NAPLES, FL 34108		Mailing Address 812 ARROWHEAD LANE NAPLES, FL 34108			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-1932963	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMINICO, THOMAS 812 ARROWHEAD LANE NAPLES, FL 34108		7. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		FL Zip Code	
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 		DATE 1-7-08			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEMINICO, THOMAS	NAME			
STREET ADDRESS	812 ARROWHEAD LANE	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		DATE 1-7-08 216-533-1297			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	


30000504



01052008 Chg-LLC CR2E083 (12/08)

ATTACHMENT

30000504  
# ~~LO7000100625~~

 **IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 02-11-2008

Employer Identification Number:  
26-1932963

Form: SS-4

Number of this notice: CP 575 E

RELIANT HEALTH GROUP LLC  
THOMAS DEMINICO SOLE MBR  
812 ARROWHEAD LN  
NAPLES, FL 34108

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-1932963. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If this information isn't correct as shown above, please correct it using the tear off stub from this notice and return it to us so we can correct your account.

To receive a ruling or a determination letter recognizing your organization as tax exempt, you should complete Form 1023, Application for Recognition of Exemption, and send it to:

Internal Revenue Service  
PO Box 192  
Covington, KY 41012-0192

Publication 557, Tax-Exempt Status for Your Organization, is available at most IRS offices or you can download this publication from our website at [www.irs.gov](http://www.irs.gov). This publication has details on how you can apply.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.