

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027285

FILED
Mar 24, 2008
Secretary of State

Entity Name: VIRTUAL HEALTH CONCEPTS, LLC

Current Principal Place of Business:

4942 EBENSBURG DRIVE
TAMPA, FL 33647

New Principal Place of Business:

15818 DAWSON RIDGE DRIVE
TAMPA, FL 33647

Current Mailing Address:

4942 EBENSBURG DRIVE
TAMPA, FL 33647

New Mailing Address:

15818 DAWSON RIDGE DRIVE
TAMPA, FL 33647

FEI Number: 20-2604950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOON, ANDREW J M.D.
4942 EBENSBURG DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

KOON, ANDREW J M.D.
15818 DAWSON RIDGE DRIVE
TAMPA, FL 33647 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: _____

03/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR () Delete
Name: KOON, ANDREW J MD
Address: 4942 EBENSBURG DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: DR (X) Change () Addition
Name: KOON, ANDREW J MD
Address: 15818 DAWSON RIDGE DRIVE
City-St-Zip: TAMPA, FL 33647

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: ANDREW J. KOON

DR.

03/24/2008

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