

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000027381

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** RENAISSANCE HEALTH PUBLISHING, LLC

**Current Principal Place of Business:**

925 SOUTH FEDERAL HIGHWAY  
SUITE 500  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

925 SOUTH FEDERAL HIGHWAY  
SUITE 500  
BOCA RATON, FL 33432 US

**New Mailing Address:**

**FEI Number:** 71-0905424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIGEORGIA, JAMES  
925 SOUTH FEDERAL HIGHWAY  
SUITE 500  
BOCA RATON, FL 33432 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:** MGRM  
**Name:** DIGEORGIA, JAMES  
**Address:** 708 COQUINA WAY  
**City-St-Zip:** BOCA RATON, FL 33432 US

**Title:** MGRM  
**Name:** HOLLANDER, JEFF  
**Address:** 6560 W ROGERS CIRCLE #19  
**City-St-Zip:** BOCA RATON, FL 33487

**Title:** MGR  
**Name:** LONDON, MICHAEL  
**Address:** 6654 TURCHINO DRIVE  
**City-St-Zip:** LAKE WORTH, FL 33467

I hereby 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 DIGEORGIA

MGRM

03/20/2012

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