

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056183

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** HEALTHSUN MANAGEMENT, LLC

**Current Principal Place of Business:**

C/O ALEXANDER FUSTER, MANAGER  
1205 S.W. 37TH AVENUE, SUITE #201  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

1205 S.W. 37TH AVENUE, SUITE #201  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 20-0660168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUSTER, ALEXANDER  
1205 S.W. 37TH AVENUE, SUITE #201  
MIAMI, FL 33135 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: HEALTH MANAGEMENT SERVICES LLC  
Address: 1205 SW 37TH AVENUE, SUITE 201  
City-St-Zip: MIAMI, FL 33135

Title: MGRM  
Name: RACOR LLC  
Address: 1205 SW 37TH AVENUE, SUITE 201  
City-St-Zip: MIAMI, FL 33135

Title: MGRM  
Name: HEALX LLC  
Address: 1205 SW 37TH AVENUE, SUITE 201  
City-St-Zip: MIAMI, FL 33135

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: ALEXANDER FUSTER

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04/29/2010

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