

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052800

**FILED  
Jan 11, 2012  
Secretary of State**

**Entity Name:** HEALTHECONOMICS.COM, LLC

**Current Principal Place of Business:**

449 S MILL VIEW WAY  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

449 S MILL VIEW WAY  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 80-0429086      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GUSTAFSON, PATRICIA P  
449 S MILL VIEW WAY  
PONTE VEDRA BEACH, FL 32082      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:** MGR  
**Name:** GUSTAFSON, PATRICIA P  
**Address:** 449 S MILL VIEW WAY  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

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: PATRICIA P. GUSTAFSON      MGR      01/11/2012

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