

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000050733

Entity Name: BETTER HEALTH, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1701 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1701 PONCE DE LEON BLVD  
SUITE 300  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-4889378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK INC  
11380 PROSPERITY FARMS  
ROAD # 221E  
PALM BEACH GARDENS, FL 33410 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: D  
Name: JIMENEZ, PETER  
Address: 1701 PONCE DE LEON BLVD, SUITE 300  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: CABRERA, MARCIO  
Address: 1701 PONCE DE LEON BLVD SUITE 300  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: RICO, JORGE L  
Address: 121 ALHAMBRA PLAZA SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: COWLEY, BARBARA MD  
Address: 1701 PONCE DE LEON BLVD SUITE 300  
City-St-Zip: CORAL GABLES, FL 33134

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: MARCIO CABRERA

D

04/30/2012

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