M13000000807

(Reque	stor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2013

RESUBMIT

SUSIE KNIGHT CSC TALLAHASSEE, FL Please give original submission date as file date.

SUBJECT: HEALTH SPHERE, LLC Ref. Number: M13000000807

We have received your document for HEALTH SPHERE, LLC and authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Because HEALTH SPHERE, LLC is a Delaware LLC it cannot use the Floride LLC Amendment form.

To change the Registered Agent, you will have to submit a separate R.A. Change form and pay a separate \$25.00 fee.

To change the Managers, you could submit an AFFIDAVIT TO CHANGE MANAGERS OR MANAGING MEMBERS form. This would require a \$25.00 payment.

You could also file a FOREIGN LLC AMENDMENT, but the FOREIGN LLC AMENDMENT would require some sort of certification from Delaware.

You could change the principal office address and the mailing address for free by sending an e-mail to us from our sunbiz website.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 613A00009983



CORPORATION SERVICE COMPANY' ACCOUNT NO. : I2000000195 REFERENCE : 623372 7935872 AUTHORIZATION COST LIMIT ORDER DATE: April 24, 2013 ORDER TIME : 2:27 PM Please give original submission date as file date. ORDER NO. : 623372-005 CUSTOMER NO: 7935872 DOMESTIC AMENDMENT FILING NAME: HEALTH SPHERE, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY _ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Susie Knight -- EXT# 52956

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HEALTH SPHERE, LLC			
	Limited Liability Comp	any	
Dear Sir or Madam:			
The enclosed Affidavit by Foreign Limite Managing Member(s) and fee(s) are subm		Change Manager	ì
Please return all correspondence concern	ing this matter to the fol	lowing:	
Daniel Bensimon			
Name of Person	· · · · · · · · · · · · · · · · · · ·	V	
Dorben Corporate Services, LLC			
Firm/Company			
7200 West Camino Real, Suite 214			
Address	······································		
Boca Raton, Florida 33433			
City/State and Zip Co	de		
Dbensimon@dorotbensimon.com			
E-mail address: (to be used for future	e annual report notificat	on)	
For further information concerning this m	natter, please call:		
Daniel Bensimon	561 218-4947		
Name of Person	Area Code and Daytim	e Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING Al Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Enclosed is a check for the following an ■\$25 Filing Fee	nount: \$55.00 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy	

CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compan Department of State is: Health Sphere, LLC	y as it appears on the records of the Florida
2. This entity was formed under the laws of	Delaware
<u> </u>	
3. This entity was authorized to transact bus	
and its Florida document/registration number	F 18 M13000000007
4. The name and address of each manager of	r managing member is as follows:
<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	,
MGR	DORBEN CORPORATE SERVICES, LLC
	7200 WEST CAMINO REAL, SUITE 214
	BOCA RATON, FLORIDA 33433
	
	,
Required Signature: Hanil Beruno	
	Managing Member or Member

Filing Fee: \$25