## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000068951

**Entity Name: HEALTHLETIX MANAGEMENT LLC** 

Current Principal Place of Business:

9446 PHILIPS HIGHWWAY SUITE 3 JACKSONVILLE, FL 32256

**Current Mailing Address:** 

9446 PHILIPS HIGHWWAY SUITE 3 JACKSONVILLE, FL 32256

FEI Number: 30-0574091 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PURCELL, FLANAGAN, HAY & GREENE, P.A 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204 US

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: JONATHAN L HAY 03/18/2013

Electronic Signature of Registered Agent

Date

FILED Mar 18, 2013

**Secretary of State** 

CC3490304668

## Authorized Person(s) Detail:

Title OPERATING MANAGER

Name CZERKAWSKI, JOSEPH JMD

Address 9446 PHILIPS HWY, STE 3

City-State-Zip: JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.