

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000008426

**FILED**  
**Jun 16, 2010**  
**Secretary of State**

**Entity Name:** VITALITY HEALTH & WELLNESS, LLC

**Current Principal Place of Business:**

410 MERIDIAN AVENUE  
FIRST FLOOR  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

815 FOURTH STREET  
FIRST FLOOR  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 65-1029478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVINSON, ANDREW M DR.  
410 MERIDIAN AVENUE  
FIRST FLOOR  
MIAMI BEACH, FL 33139 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: LEVINSON, ANDREW  
Address: 345 WEST 46 STREET  
City-St-Zip: MIAMI BEACH, FL 33140

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: ANDREW LEVINSON, MD

MGR

06/16/2010

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