

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000013176

**Entity Name:** SHARE HEALTH SOLUTIONS, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5818 SKIMMER POINT BLVD  
ST PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

5818 SKIMMER POINT BLVD  
ST PETERSBURG, FL 33707

**New Mailing Address:**

**FEI Number:** 56-2360765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WITTORFF, JON  
5818 SKIMMER POINT BLVD  
ST PETERSBURG, FL 33707 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: MGRM  
Name: WITTORFF, JON  
Address: 5818 SKIMMER POINT BLVD  
City-St-Zip: GULFPORT, FL

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: JON WITTORFF

PRES

01/05/2010

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