

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000044295

**Entity Name:** A HEALTHY PRACTICE, LLC

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3761 N.W. 100TH AVENUE  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3761 N.W. 100TH AVENUE  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 20-0597493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLORIA, LINDA  
3761 N.W. 100TH AVENUE  
CORAL SPRINGS, FL 33065 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: GLORIA, LINDA D  
Address: 3761 NW 100 AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065

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: LINDA GLORIA

MGR

01/06/2011

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