

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000056183

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** HEALTHSUN MANAGEMENT, LLC

**Current Principal Place of Business:**

C/O ALEXANDER FUSTER, MANAGER  
1205 S.W. 37TH AVENUE, SUITE #201  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

1205 S.W. 37TH AVENUE, SUITE #201  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 20-0660168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUSTER, ALEXANDER  
1205 S.W. 37TH AVENUE, SUITE #201  
MIAMI, FL 33135 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:** HEALTH MANAGEMENT SERVICES LLC  
**Address:** 1205 SW 37TH AVENUE, SUITE 201  
**City-St-Zip:** MIAMI, FL 33135

**Title:** MGR  
**Name:** RACOR LLC  
**Address:** 1205 SW 37TH AVENUE, SUITE 201  
**City-St-Zip:** MIAMI, FL 33135

**Title:** MGR  
**Name:** HEALX LLC  
**Address:** 1205 SW 37TH AVENUE, SUITE 201  
**City-St-Zip:** MIAMI, FL 33135

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:** ALEXANDER FUSTER

MGR

04/28/2011

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