

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000063002

**FILED**  
**Aug 25, 2010**  
**Secretary of State**

**Entity Name:** TONABA HEALTHSCIENCE, LLC

**Current Principal Place of Business:**

565 JEFFERSON DRIVE  
#115  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

565 JEFFERSON DRIVE  
#115  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number:** 84-1662050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FELDMAN, NATHAN L DR.  
565 JEFFERSON DRIVE  
#115  
DEERFIELD BEACH, FL 33442 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:** FELDMAN, NATHAN L DR  
**Address:** 565 JEFFERSON DRIVE, SUITE 115  
**City-St-Zip:** DEERFIELD BEACH, FL 33442

**Title:** MGRM  
**Name:** ROBALLEY, THOMAS C DR  
**Address:** 19 GRISTMILL LANE  
**City-St-Zip:** HUNTINGTON, CT 06484

**Title:** MGRM  
**Name:** SCHWIBNER, BARRY H MD  
**Address:** 3775 MYKONOS COURT  
**City-St-Zip:** BOCA RATON, FL 33487

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:** NATHAN L FELDMAN

MGRM

08/25/2010

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