

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000008

FILED  
Jan 26, 2010  
Secretary of State

**Entity Name:** HEALTH PLUS ADVANTAGE, L.L.C.

**Current Principal Place of Business:**

3820 TAMPA ROAD  
SUITE 202  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

3820 TAMPA ROAD  
SUITE 202  
PALM HARBOR, FL 34684

**New Mailing Address:**

FEI Number: 02-0740374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 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: SCHLAU, ARON PA  
Address: 3820 TAMPA RD SUITE 202  
City-St-Zip: PALM HARBOR, FL 34684

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: ARON SCHLAU

MGR

01/26/2010

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