

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000052018

**FILED**  
**Jun 16, 2010**  
**Secretary of State**

**Entity Name:** VITALITY HEALTH & WELLNESS TAMPA, LLC

**Current Principal Place of Business:**

410 MERIDIAN AVENUE, SUITE 101  
MIAMI BEACH, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

410 MERIDIAN AVENUE, SUITE 101  
MIAMI BEACH, FL 33319

**New Mailing Address:**

**FEI Number:** 20-5071926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVINSON, ANDREW DR  
410 MERIDIAN AVENUE, SUITE 101  
MIAMI BEACH, FL 33319 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: LEVINSON, ANDREW M DR  
Address: 345 WEST 46TH STREET  
City-St-Zip: MIAMI BEACH, FL 33140

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: ANDREW LEVINSON, MD

OWNE

06/16/2010

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