

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000052018

**FILED**  
**Feb 01, 2011**  
**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:**

801 FOURTH STREET  
MIAMI BEACH, FL 33319

**Current Mailing Address:**

410 MERIDIAN AVENUE, SUITE 101  
MIAMI BEACH, FL 33319

**New Mailing Address:**

801 FOURTH STREET  
MIAMI BEACH, FL 33319

**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:**

LEVINSON, ANDREW DR  
801 FOURTH STREET  
MIAMI BEACH, FL 33319 US

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:

02/01/2011

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

MGR

02/01/2011

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