

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000064686

Entity Name: LIGHT THERAPEUTICS LLC

**FILED**  
**Apr 16, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

4800 LINTON BLVD., D-503  
D503  
DELRAY BEACH, FL 33445

## **Current Mailing Address:**

4800 LINTON BLVD., D-503  
DELRAY BEACH, FL 33445

## **New Principal Place of Business:**

4600 LINTON BLVD., D-503  
SUITE 310  
DELRAY BEACH, FL 33445

## **New Mailing Address:**

4600 LINTON BLVD., D-503  
SUITE 310  
DELRAY BEACH, FL 33445

FEI Number: 20-5231629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GROSS, DAVID A  
4800 LINTON BLVD., D-503  
D503  
DELRAY BEACH, FL 33445 US

## **Name and Address of New Registered Agent:**

GROSS, DAVID A  
4600 LINTON BLVD., D-503  
SUITE 310  
DELRAY BEACH, FL 33445 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: DAG

04/16/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GROSS, DAVID A MD  
Address: 4600 LINTON BLVD SUITE 310  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM  
Name: ROSEN, ANDREW  
Address: 4600 LINTON BLVD SUITE 310  
City-St-Zip: DELRAY BEACH, FL 33445

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: DAVID A GROSS MD

VP

04/16/2011

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