# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 14, 2007**
**Secretary of State**

DOCUMENT# L06000077306

**Entity Name:** HEALTH SCIENCES AMERICA LLC

**Current Principal Place of Business:**

1515 N. FEDERAL HWY.
215
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1515 N. FEDERAL HWY.
215
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number: 20-5452965** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CASTRONOVA, CHRISTOPHER J
1515 N. FEDERAL HWY.
215
BOCA RATON, FL 33432 US

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

MARSELLA, GREGORY Q M.D.
1515 N. FEDERAL HWY.
215
BOCA RATON, FL 33432 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: GREGORY Q. MARSELLA, M.D. 01/14/2007
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: CASTRONOVA, CHRISTOPHER J
Address: 180 YACHT CLUB WAY, #112
City-St-Zip: HYPOLUXO, FL 33462

Title: MGRM ( ) Delete
Name: MARSELLA, GREGORY Q M.D.
Address: 33 EAST CAMINO REAL, #305
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: GREGORY Q. MARSELLA, M.D. MGRM 01/14/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date