2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L06000077306

Entity Name: HEALTH SCIENCES AMERICA LLC

Current Principal Place of Business:

1515 N. FEDERAL HWY.
105
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1515 N. FEDERAL HWY.
105
BOCA RATON, FL 33432

New Mailing Address:

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

Name and Address of Current Registered Agent:

MARSELLA, GREGORY Q M.D.
1515 N. FEDERAL HWY.
105
BOCA RATON, FL 33432 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: 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: 1515 NORTH FEDERAL HWY #105
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 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 01/15/2009

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