

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000108726

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** ATLAST LIFE SOLUTIONS, LLC

**Current Principal Place of Business:**

238 PONTE VEDRA PARK DRIVE  
SUITE 101  
PONTE VEDRA BEACH, FL 32082 US

**Current Mailing Address:**

238 PONTE VEDRA PARK DRIVE  
SUITE 101  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

10752 DEERWOOD PARK BLVD. SOUTH  
SUITE 100  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

10752 DEERWOOD PARK BLVD. SOUTH  
SUITE 100  
JACKSONVILLE, FL 32256 US

**FEI Number:** 20-5909685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPANARO, RICHARD W  
238 PONTE VEDRA PARK DRIVE  
SUITE 101  
PONTE VEDRA BEACH, FL 32082 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  
Name: RAIKE, GAIL P  
Address: 10752 DEERWOOD PARK BLVD. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM  
Name: CAMPANARO, RICHARD W  
Address: 10752 DEERWOOD PARK SOUTH  
City-St-Zip: JACKSONVILLE, FL 32256 US

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: RICHARD CAMPANARO

CEO

01/05/2010

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