

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013456

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** MEHRAVISTA HEALTH, LLC

**Current Principal Place of Business:**

32196 U.S. HIGHWAY 19 N.  
STE B  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

32196 U.S. HIGHWAY 19 N.  
STE A  
PALM HARBOR, FL 34684

**Current Mailing Address:**

32196 U.S. HIGHWAY 19 N.  
STE B  
PALM HARBOR, FL 34684

**New Mailing Address:**

32196 U.S. HIGHWAY 19 N.  
STE A  
PALM HARBOR, FL 34684

**FEI Number:** 20-8666127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEHRA, RAHUL N  
2918 W. HARBOR VIEW AVE.  
TAMPA, FL 33611 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: MGR  
Name: MEHRA, RAHUL  
Address: 32196 U.S. HIWHAY 19 NORTH  
City-St-Zip: PALM HARBOR, FL 34684

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: RAHUL N. MEHRA

CEO

01/07/2010

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