

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013456

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** MEHRAVISTA HEALTH, LLC

**Current Principal Place of Business:**

2600 MCCORMICK DRIVE  
STE 370  
CLEARWATER, FL 33759

**New Principal Place of Business:**

6401 N. RIVER BLVD  
TAMPA, FL 33604

**Current Mailing Address:**

2600 MCCORMICK DRIVE  
STE 370  
CLEARWATER, FL 33759

**New Mailing Address:**

PO BOX 157  
IRB, FL 33785

**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: 2918 W HARBOR VIEW AVE  
City-St-Zip: TAMPA, FL 33611

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

03/02/2012

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