

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000020091

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Entity Name:** RX HEATH & FITNESS-OVIEDO, LLC

**Current Principal Place of Business:**

310 W. MITCHELL HAMMOCK RD  
200  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

310 W. MITCHELL HAMMOCK RD  
200  
OVIEDO, FL 32765

**New Mailing Address:**

3040 S. TUSKAWILLA RD  
OVIEDO, FL 32765

**FEI Number:** 20-8586113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WIELAND, LISA R  
310 W. MITCHELL HAMMOCK RD  
200  
OVIEDO, FL 32765 US

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

HUSTY, TODD M  
3040 S. TUSKAWILLA RD  
OVIEDO, FL 32765 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:** TODD M. HUSTY

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** EQUUS PARTNERS, LLC,  
**Address:** 1997 1/2 ALOMA AVE  
**City-St-Zip:** WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** HUSTY, TODD M  
**Address:** 3040 S. TUSKAWILLA RD.  
**City-St-Zip:** OVIEDO, FL 32765

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:** TODD M. HUSTY

MGRM

04/28/2008

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