

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000039664

Entity Name: BALANCESENSE LLC

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

410 CELEBRATION PLACE, SUITE 100  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

410 CELEBRATION PLACE, SUITE 100  
CELEBRATION, FL 34747 US

**New Mailing Address:**

FEI Number: 20-8845503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ATKINS, KAREN L  
312 ACADIA LANE  
CELEBRATION, FL 34747 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: ATKINS, KAREN L PHD  
Address: 410 CELEBRATION PLACE, SUITE 100  
City-St-Zip: CELEBRATION, FL 34747 US

Title: VP  
Name: ATKINS, JAMES S MD  
Address: 312 ACADIA LANE  
City-St-Zip: CELEBRATION, FL 34747

Title: VP  
Name: BLACK, FRANKLIN O MD  
Address: 1225 NORTHEAST 2ND AVENUE  
City-St-Zip: PORTLAND, OR 97232

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: /KAREN L ATKINS/

PRES

01/06/2012

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