

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000040387

Entity Name: HOME ANATOMY, L.L.C.

**FILED**  
**Jul 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

551 CLIFTON ROAD  
ATLANTA, GA 30307

**New Principal Place of Business:**

**Current Mailing Address:**

551 CLIFTON ROAD  
ATLANTA, GA 30307

**New Mailing Address:**

FEI Number: 37-1542365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 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: MRS  
Name: OSIECKI, STACEY L  
Address: 551 CLIFTON ROAD  
City-St-Zip: ATLANTA, GA 30307 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: STACEY OSIECKI

CEO

07/17/2012

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