

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 12, 2010
Secretary of State

Entity Name: FLORIDA HEALTHSPAN INSTITUTE, LLC

Current Principal Place of Business:

1040 GULF BREEZE PARKWAY
SUITE 205
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

1040 GULF BREEZE PARKWAY
SUITE 205
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 51-0664551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNIEDER, THOMAS R MD FACS
2520 N. YATES AVENUE
PENSACOLA, FL 32503 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: SCHNEIDER, THOMAS R MD,FACS
Address: 1040 GULF BREEZE PARKWAY, SUITE 205
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM
Name: SCHNEIDER, DALE G
Address: 2520 N. YATES AVENUE
City-St-Zip: PENSACOLA, FL 32503

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: THOMAS R. SCHNEIDER

MGRM

04/12/2010

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