

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000026685

Entity Name: HEALTH SPHERE, LLC

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3350 SW 148 AVENUE  
SUITE 110  
MIRAMAR, FL 33027

**New Principal Place of Business:**

2900 GLADES CIRCLE  
SUITE 1450  
WESTON, FL 33327

**Current Mailing Address:**

3350 SW 148 AVENUE  
SUITE 110  
MIRAMAR, FL 33027

**New Mailing Address:**

2900 GLADES CIRCLE  
SUITE 1450  
WESTON, FL 33327

FEI Number: 77-0715702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RASINES, JOSELIN  
3350 SW 148 AVENUE  
SUITE 110  
MIRAMAR, FL 33027 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: CRISTHIAN R., VICTOR G MR  
Address: 2900 GLADES CIRCLE STE 1450  
City-St-Zip: WESTON, FL 33327

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: VICTOR G. CRISTHIAN R.

MGR

02/19/2010

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