

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035621

Entity Name: HEALTHWORX, LLC

FILED
Jan 06, 2010
Secretary of State

Current Principal Place of Business:

3702 WASHINGTON STREET
SUITE 305
HOLLYWOOD, FL 33021

New Principal Place of Business:

2905 NORTH COMMERCE PARKWAY
MIRAMAR, FL 33025

Current Mailing Address:

3702 WASHINGTON STREET
SUITE 305
HOLLYWOOD, FL 33021

New Mailing Address:

2905 NORTH COMMERCE PARKWAY
MIRAMAR, FL 33025

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUERBACH, MARC H
200 S. BISCAYNE BLVD.
SUITE 3900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

POLNER, BRIAN
2905 NORTH COMMERCE PARKWAY
MIRAMAR, FL 33025 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: BRIAN POLNER

01/06/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: POLNER, BRIAN
Address: 2678 RIVIERA COURT
City-St-Zip: WESTON, FL 33332

Title: MGRM
Name: SPILLER, DENNIS
Address: 1883 NW 124 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM
Name: IBRAHIM, BASSEL
Address: 2591 SW 102ND AVENUE
City-St-Zip: DAVIE, FL 33324

Title: MGRM
Name: LINZER, DOV
Address: 4450 MANGRUM COURT
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM
Name: COHEN, YALE
Address: 1439 VICTORIA ISLE DRIVE
City-St-Zip: WESTON, FL 33327

Title: MGRM
Name: TALLEY, JULIO
Address: 2305 WILLOW LANE
City-St-Zip: FORT LAUDERDALE, FL 33331

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: BRIAN POLNER

MGRM

01/06/2010

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