

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000086912

**Entity Name:** INNOVATIONS HEALTHCARE, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

831 WEST MORSE BLVD.  
WINTER PARK, FL 32789

**New Principal Place of Business:**

1890 SEMORAN BLVD  
SUITE0319  
WINTER PARK, FL 32792

**Current Mailing Address:**

831 WEST MORSE BLVD.  
WINTER PARK, FL 32789

**New Mailing Address:**

1890 SEMORAN BLVD  
SUITE0319  
WINTER PARK, FL 32792

FEI Number: 26-3354575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, SCOTT E  
111 NORTH ORANGE AVENUE, SUITE 1200  
ORLANDO, FL 32801 US

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

HERZIG, BRIAN Z  
7380 SAND LAKE ROAD, SUITE 500  
ORLANDO, FL 32819 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 Z S HERIG

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TALEBLY, NAZILA  
Address: 1890 SEMORAN BLVD, SUITE 319  
City-St-Zip: WINTER PARK, FL 32792

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: JERRY L. COX

CFO

04/30/2010

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