

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091513

Entity Name: HEALTH ADVISORS LLC

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2006 HELENA ROAD  
WINTER HAVEN, FL 33884 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5066  
WINTER HAVEN, FL 338805066 US

**New Mailing Address:**

2006 HELENA ROAD  
WINTER HAVEN, FL 33884 US

FEI Number: 80-0267539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLOYD, SAMMONS & SPANJERS, P.A.  
ROBERT O SAMMONS  
1556 6TH STREET SE  
WINTER HAVEN, FL 338804509 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: MCCARTY, JANA  
Address: 2006 HELENA ROAD  
City-St-Zip: WINTER HAVEN, FL 33884 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: JANA MCCARTY

MGRM

04/09/2012

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