

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109554

Entity Name: HEALTHCONFIRM.COM, LLC

FILED  
Sep 04, 2009  
Secretary of State

**Current Principal Place of Business:**

7040 W. PALMETTO PARK RD.  
4-815  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

7040 W. PALMETTO PARK RD.  
4-815  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 26-3781697      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GRAY, DAVID B  
7040 W. PALMETTO PARK RD.  
4-815  
BOCA RATON, FL 33433 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRAY, DAVID B  
Address: 6503 N MILITARY TRAIL, STE 3001  
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM ( ) Delete  
Name: ALT, LES S  
Address: 23030 L'ERMITAGE CIRCLE  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID B. GRAY

MGRM

09/04/2009

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