

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000117034

Entity Name: CST4HEALTH, LLC

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

165 MAPLECREST CIRCLE  
JUPITER, FL 33458 US

**New Principal Place of Business:**

12300 ALT. A1A  
SUITE 111  
PALM BEACH GARDENS, FL 33410 US

**Current Mailing Address:**

165 MAPLECREST CIRCLE  
JUPITER, FL 33458 US

**New Mailing Address:**

FEI Number: 26-3941937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MCGAVIN, SHERYL  
165 MAPLECREST CIRCLE  
JUPITER, FL 33458 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: MCGAVIN, SHERYL  
Address: 165 MAPLECREST CIRCLE  
City-St-Zip: JUPITER, FL 33458 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: SHERYL MCGAVIN

MGR

02/23/2010

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