

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000020854

**Entity Name:** HOMETOWN HEALTH TV, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

918 HAWK LANDING  
FRUITLAND PARK, FL 34731

**New Principal Place of Business:**

600 MARKET STREET  
LEESBURG, FL 34748

**Current Mailing Address:**

918 HAWK LANDING  
FRUITLAND PARK, FL 34731

**New Mailing Address:**

**FEI Number:** 26-4235593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHWARTZ, MARC R  
918 HAWK LANDING  
FRUITLAND PARK, FL 34731 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:** MGR  
**Name:** SCHWARTZ, MARC R  
**Address:** 918 HAWK LANDING  
**City-St-Zip:** FRUITLAND PARK, FL 34731

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: MARC R SCHWARTZ

MGR

01/04/2012

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