

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000024603

Entity Name: EMPOWERHEALTH, LLC

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

20283 STATE ROAD 7  
SUITE 400  
BOCA RATON, FL 33498 US

## **New Principal Place of Business:**

926 NW 13TH STREET  
GAINESVILLE, FL 32601 US

## **Current Mailing Address:**

20283 STATE ROAD 7  
SUITE 400  
BOCA RATON, FL 33498 US

## **New Mailing Address:**

PO BOX 671  
NARBERTH, PA 19072 US

FEI Number: 26-4464082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERT ARNOLD ESQ.  
20283 STATE ROAD 7  
SUITE 400  
BOCA RATON, FL 33498 US

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

BRASHEAR, BRUCE  
926 NW 13TH STREET  
GAINESVILLE, FL 32601 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: BRUCE BRASHEAR

03/19/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KNIGHT, SUMMER  
Address: PO BOX 671  
City-St-Zip: NARBERTH, PA 19072 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: SUMMER KNIGHT

MGR

03/19/2012

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