

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000036574

Entity Name: HEALTHDRX, LLC

FILED  
Jan 07, 2011  
Secretary of State

**Current Principal Place of Business:**

7608 WHISPERING WIND DRIVE  
LAND O LAKES, FL 34637 US

**New Principal Place of Business:**

**Current Mailing Address:**

7608 WHISPERING WIND DRIVE  
LAND O LAKES, FL 34637 US

**New Mailing Address:**

FEI Number: 27-0930965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VIRADIYA, NIMA  
7608 WHISPERING WIND DRIVE  
LAND O LAKES, FL 34637 US

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

VIRADIYA, NIMA  
7608 WHISPERING WIND DRIVE  
LAND O LAKES  
FL, FL 34637 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

01/07/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VIRADIYA, NIMA  
Address: 7608 WHISPERING WIND DRIVE  
City-St-Zip: LAND O LAKES, FL 34637 US

Title: MGRM  
Name: VIRADIYA, NARESH  
Address: 7608 WHISPERING WIND DRIVE  
City-St-Zip: LAND O LAKES, FL 34637 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: NARESH VIRADIYA

MGRM

01/07/2011

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