

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000044064

Entity Name: HEALTHMAX, LLC

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11767 S. DIXIE HIGHWAY  
#335  
PINECREST, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

11767 S. DIXIE HIGHWAY  
#335  
PINECREST, FL 33156

**New Mailing Address:**

FEI Number: 26-4813165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GREEN, BARRETT N  
11767 S. DIXIE HIGHWAY  
335  
PINECREST, FL 33156 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: GREEN, BARRETT N  
Address: 11767 S. DIXIE HIGHWAY  
City-St-Zip: PINECREST, FL 33156 US

Title: MGRM  
Name: CORONA, RAMON  
Address: 6834 SUNRISE DRIVE  
City-St-Zip: CORAL GABLES, FL 33133 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: BARRETT GREEN

MGRM

01/12/2011

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