

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068334

Entity Name: HEALTH-AGENT.ORG LLC

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1515 S FEDERAL HIGHWAY  
C/O IMAC GROUP 2ND FLOOR  
BOCA RATON, FL 33134

**New Principal Place of Business:**

1515 S FEDERAL HIGHWAY  
SUITE 208  
BOCA RATON, FL 33432

**Current Mailing Address:**

1515 S FEDERAL HIGHWAY  
C/O IMAC GROUP, 2ND FLOOR SUITE  
BOCA RATON, FL 33134

**New Mailing Address:**

1515 S FEDERAL HIGHWAY  
SUITE 208  
BOCA RATON, FL 33432

FEI Number: 27-0552589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STOCKETT, LES K  
1515 S FEDERAL HIGHWAY  
C/O IMAC GROUP, 2ND FLOOR SUITE  
BOCA RATON, FL 33134 US

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

STOCKETT, LES K  
1120 SE 12TH AVE  
DEERFIELD BEACH, FL 33432 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: \_\_\_\_\_

03/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STOCKETT, LES K  
Address: 1515 S FEDERAL HIGHWAY  
City-St-Zip: BOCA RATON, FL 33432

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: LES STOCKETT

MGR

03/22/2010

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