

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068334

Entity Name: HEALTH-AGENT.ORG LLC

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

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

1515 S FEDERAL HIGHWAY  
SUITE 208  
BOCA RATON, FL 33432

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

1515 S FEDERAL HIGHWAY  
SUITE 208  
BOCA RATON, FL 33432 US

## **Current Mailing Address:**

1515 S FEDERAL HIGHWAY  
SUITE 208  
BOCA RATON, FL 33432

## **New Mailing Address:**

1515 S FEDERAL HIGHWAY  
SUITE 208  
BOCA RATON, FL 33432 US

FEI Number: 27-0552589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCMILLAN, LAIN  
1515 S FEDERAL HIGHWAY  
SUITE 208  
BOCA RATON, FL 33432 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: UNITED TRUST HEALTH LLC  
Address: 1515 S FEDERAL HIGHWAY, SUITE 208  
City-St-Zip: BOCA RATON, FL 33432 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: IAIN MCMILLAN

MGR

04/18/2011

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