

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000074278

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** INTERNATIONAL HEALTH MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

9550 SOUTH OCEAN DRIVE  
# 1506  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

9550 SOUTH OCEAN DRIVE  
# 1506  
JENSEN BEACH, FL 34957

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

CHRISTIANSEN, CLIFFORD F  
9550 SOUTH OCEAN DRIVE  
# 1506  
JENSEN BEACH, FL 34957 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: MGR  
Name: CHRISTIANSEN, CLIFFORD F  
Address: 9550 SOUTH OCEAN DRIVE, # 1506  
City-St-Zip: JENSEN BEACH, FL 34957

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: CLIFFORD F CHRISTIANSEN

MGR

02/17/2011

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