

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000082645

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** SOUND WAVE HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

3431 PINE RIDGE RD  
SUITE 102  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

3431 PINE RIDGE RD  
SUITE 102  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 38-3804000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORDON, GARY N  
330 SADDLEBROOK LANE  
NAPLES, FL 34110 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: GORDON, GARY N  
Address: 330 SADDLEBROOK LANE  
City-St-Zip: NAPLES, FL 34110

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: GARY N. GORDON

MGRM

02/24/2011

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