

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000108275

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** LIFESTYLE THERAPEUTICS, LLC

**Current Principal Place of Business:**

2300 GLADES RD, SUITE 305E  
BOCA RATON, FL 33431

**New Principal Place of Business:**

7900 GLADES RD  
SUITE 400  
BOCA RATON, FL 33434

**Current Mailing Address:**

2300 GLADES RD, SUITE 305E  
BOCA RATON, FL 33431

**New Mailing Address:**

7900 GLADES RD  
SUITE 400  
BOCA RATON, FL 33434

**FEI Number:** 27-1256058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAUM, LAURA D  
2300 GLADES RD, SUITE 305E  
BOCA RATON, FL 33431 US

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

BAUM, LAURA D  
7900 GLADES RD  
SUITE 400  
BOCA RATON, FL 33434 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:

02/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BAUM, LAURA D  
Address: 7900 GLADES RD, SUITE 400  
City-St-Zip: BOCA RATON, FL 33434

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: LAURA D. BAUM

MGR

02/10/2011

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