

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000122992

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** HYBRID HEALTH WELLNESS & ANTI-AGING CENTERS, LLC

**Current Principal Place of Business:**

7171 NORTH UNIVERSITY DR.  
203  
TAMARAC, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

7171 NORTH UNIVERSITY DR.  
203  
TAMARAC, FL 33431 US

**New Mailing Address:**

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

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

GOLDMAN & ROSA, P.A.  
1000 SEMINOLE DR.  
500  
FORT LAUDERDALE, FL 33304 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: PURITA, JOSEPH  
Address: 660 GLADES ROAD, STE.460  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR  
Name: ECKERT, REID  
Address: 3200 NW 95 TERRACE  
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR  
Name: FOX, RICHARD  
Address: 7171 N. UNIVERSITY DR., STE. 203  
City-St-Zip: TAMARAC, FL 33321 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: REID ECKERT

MGR

03/02/2010

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