

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000006741

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** LIFESAVER NETWORK USA, LLC

**Current Principal Place of Business:**

1903 S CONGRESS AVE  
SUITE 440  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

PO BOX 1173  
DEERFIELD BEACH, FL 33443

**New Principal Place of Business:**

1114 BEL AIR DR  
#2  
HIGHLAND BEACH, FL 33487

**New Mailing Address:**

1114 BEL AIR DR  
#2  
HIGHLAND BEACH, FL 33487

**FEI Number:** 27-1701374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COCHRAN, KEVIN  
1903 S CONGRESS AVE SUITE 440  
BOYNTON BEACH, FL 33426 US

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

MITTELMARK, STEPHANIE  
1114 BEL AIR DR #2  
HIGHLAND BEACH, FL 33487 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: STEPHANIE MITTELMARK

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MITTELMARK, STEPHANIE  
Address: 1114 BEL AIR DR #2  
City-St-Zip: HIGHLAND BEACH, FL 33487 US

Title: MGR  
Name: HEALTH LIFE PARTNERS LLC  
Address: 1114 BEL AIR DR #2  
City-St-Zip: HIGHLAND BEACH, FL 33487

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: STEPHANIE MITTELMARK

MGRM

04/30/2012

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