

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000026460

FILED
Apr 01, 2011
Secretary of State

Entity Name: HEALTHSPAN INSTITUTE INTERNATIONAL, LLC

Current Principal Place of Business:

1040 GULF BREEZE PARKWAY
SUITE 205
GULF BREEZE, FL 325617809 US

New Principal Place of Business:

2520 N. YATES AVENUE
PENSACOLA, FL 32503 US

Current Mailing Address:

PO BOX 1291
GULF BREEZE, FL 325621291 US

New Mailing Address:

FEI Number: 27-2367975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, THOMAS R MD
1040 GULF BREEZE PARKWAY
SUITE 205
GULF BREEZE, FL 325617809 US

Name and Address of New Registered Agent:

SCHNEIDER, THOMAS R MD
2520 N. YATES AVENUE
PENSACOLA, FL 32503 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: THOMAS R. SCHNEIDER, MD

04/01/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SCHNEIDER, THOMAS R MD
Address: 2520 N. YATES AVENUE
City-St-Zip: PENSACOLA, FL 32503 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: THOMAS R. SCHNEIDER, MD

MGRM

04/01/2011

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