

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000026871

Entity Name: META4HEALTH, LLC

FILED  
Feb 17, 2011  
Secretary of State

**Current Principal Place of Business:**

4720 NW 2ND AVE.  
SUITE #D105  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

4720 NW 2ND AVE.  
SUITE #D105  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 27-5024235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOUTRAKOS, NICHOLAS  
1065 SEA GRAPE CIRCLE  
DELRAY BEACH, FL 33445 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: KOUTRAKOS, NICHOLAS  
Address: 1065 SEA GRAPE CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM  
Name: PORES, JOSEPH  
Address: 19373 LOST OAKS LANE  
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM  
Name: MARTINEZ, PETE  
Address: 2365 N.W. 49 LANE  
City-St-Zip: BOCA RATON, FL 33431

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: NICHOLAS KOUTRAKOS

MGR

02/17/2011

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