

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000085927

Entity Name: PROFUSE HEALTH, LLC

FILED
Jan 05, 2011
Secretary of State

Current Principal Place of Business:

237 S. WESTMONTE DRIVE
SUITE 111
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 161843
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 27-3265209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLDENHOVEN, KENNETH
237 S. WESTMONTE DRIVE
SUITE 111
ALTAMONTE SPRINGS, FL 32714 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: MGRM
Name: JL SCHRAM ENTERPRISES, LLC
Address: 1010 SOUTH SHORE DRIVE
City-St-Zip: HOLLAND, MI 49423 US

Title: MGRM
Name: KOLDEN ENTERPRISES, LLC
Address: 237 S. WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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: JL SCHRAM ENTERPRISES, LLC

MGRM

01/05/2011

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