

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000106485

**FILED**  
**Sep 17, 2012**  
**Secretary of State**

**Entity Name:** CONSUMER HEALTH INVESTMENT PARTNERS, LLC

**Current Principal Place of Business:**

309 WHITE OAK SHADE RD.  
NEW CANAAN, CT 06840 US

**New Principal Place of Business:**

**Current Mailing Address:**

309 WHITE OAK SHADE RD.  
NEW CANAAN, CT 06840 US

**New Mailing Address:**

**FEI Number:** 27-3695798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOVATT, JEFF  
821 5TH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102 US

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

DUVAL, SCOTT  
3301 BONITA BEACH ROAD  
SUITE 100  
NAPLES, FL 34134 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: SCOTT DUVAL

09/17/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: REED, CHRISTOPHER T  
Address: 309 WHITE OAK SHADE RD.  
City-St-Zip: NEW CANAAN, CT 06840 US

Title: MGR  
Name: HOLLAND, BRITTON  
Address: 314 SHASTA DRIVE  
City-St-Zip: HOUSTON, TX 77024

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: CHRISTOPHER T. REED

MGR

09/17/2012

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