

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000111366

Entity Name: HEALTHY VITAS LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

400 CELEBRATION PLACE  
SUITE A120  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 CELEBRATION PLACE  
SUITE A120  
CELEBRATION, FL 34747 US

**New Mailing Address:**

FEI Number: 27-3776687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THE LAW OFFICE OF VIK PARTI PA  
7380 SAND LAKE ROAD  
SUITE 500  
ORLANDO, FL 32819 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: SALZMAN, IGNACIO J  
Address: 400 CELEBRATION PLACE SUITE A120  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGR  
Name: GARCIA, JOHN E  
Address: 400 CELEBRATION PLACE SUITE A120  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGR  
Name: BEALERT, KYLE W  
Address: 400 CELEBRATION PLACE SUITE A120  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGR  
Name: LOPES-CORTES, GEOVANNY  
Address: 400 CELEBRATION PLACE SUITE A120  
City-St-Zip: CELEBRATION, FL 34747 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: SALZMAN IGNACIO

MGR

04/29/2011

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