

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127628

**FILED**  
**May 16, 2011**  
**Secretary of State**

**Entity Name:** PROHEALTH PROVIDERS, LLC

**Current Principal Place of Business:**

1243 ALEX DRIVE  
NORTH BRUNSWICK, NJ 08902

**New Principal Place of Business:**

4617 HIDDEN SHADOW DRIVE  
TAMPA, FL 33614

**Current Mailing Address:**

1243 ALEX DRIVE  
NORTH BRUNSWICK, NJ 08902

**New Mailing Address:**

4617 HIDDEN SHADOW DRIVE  
TAMPA, FL 33614

**FEI Number:** 30-0665759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VARGHESE, SHEENA M  
4211 HANCOCK AVE S.E  
APT # 39  
LAKELAND, FL 33812 US

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

VARGHESE, SHEENA M  
4617 HIDDEN SHADOW DRIVE  
TAMPA, FL 33614 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: SHEENA M VARGHESE

05/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: VARGHESE, SHEENA M  
Address: 4617 HIDDEN SHADOW DRIVE  
City-St-Zip: TAMPA, FL 33614

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: SHEENA M VARGHESE

CEO

05/16/2011

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