

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000011767

Entity Name: B-SMART HEALTH, LLC

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

708 MINORCA AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

708 MINORCA AVENUE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 90-0669931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RICHARDSON, JOHN W  
708 MINORCA AVE  
CORAL GABLES, FL 33134 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: RICHARDSON, JOHN W  
Address: 708 MINORCA AVE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM  
Name: MCRAE, SCOTT  
Address: 30 HEBRON AVE  
City-St-Zip: GLASTONBURY, CT 06033 US

Title: MGRM  
Name: TSOUKAS, ATHANASSIOS  
Address: 3211 MORRIS LANE  
City-St-Zip: COCONUT GROVE, FL 33133 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: JOHN W. RICHARDSON

MD

04/13/2012

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