

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000030290

Entity Name: HEALTHWRX, LLC

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

14637 SW 167 TER  
MIAMI, FL 33177 US

**New Principal Place of Business:**

14637 SW 167 TER  
MIAMI, FL 33177

**Current Mailing Address:**

1816 11 AVE  
UNIT C  
SEATTLE, WA 98122 US

**New Mailing Address:**

26 STILLMAN ST  
APT. 3-1  
BOSTON, MA 02113

FEI Number: 27-5486007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SALINAS, JOEL A  
14637 SW 167 TER  
MIAMI, FL 33177 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: SALINAS, JOEL A  
Address: 14637 SW 167 TER  
City-St-Zip: MIAMI, FL 33177

Title: MGRM  
Name: LIPE, JOSHUA P  
Address: 26 STILLMAN ST, APT. 3-1  
City-St-Zip: BOSTON, MA 02113

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: JOEL A. SALINAS, M.D., M.B.A.

MGRM

02/07/2012

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