

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000055830

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** HEALTH EDUCATION SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

6718 HATTERAS DR  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

6586 RAINWOOD COVE LN  
LAKE WORTH, FL 33463

**Current Mailing Address:**

6718 HATTERAS DR  
LAKE WORTH, FL 33467

**New Mailing Address:**

6586 RAINWOOD COVE LN  
LAKE WORTH, FL 33463

**FEI Number:** 37-1637552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, CHERYL A DR  
6718 HATTERAS DR  
LAKE WORTH, FL 33467 US

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

THOMPSON, CHERYL A DR  
6586 RAINWOOD COVE LN  
LAKE WORTH, FL 33463 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:

04/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: THOMPSON, CHERYL A DR.  
Address: 6586 RAINWOOD COVE LN  
City-St-Zip: LAKE WORTH, FL 33463

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: CHERYL THOMPSON

MGR

04/16/2012

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