

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000080699

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** DIVERSIFIED HEALTH PARTNERS, LLC

**Current Principal Place of Business:**

1850 SE 17 ST #203  
STE 203  
FT LAUDERDALE, FL 33316 UN

**New Principal Place of Business:**

**Current Mailing Address:**

1850 SE 17 ST #203  
STE 203  
FT LAUDERDALE, FL 33316 UN

**New Mailing Address:**

**FEI Number:** 45-2735401      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BOWEN, MICHAEL  
1850 SE 17 ST SUITE 203  
FT LAUDERDALE, FL 33316 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:** DIVERSIFIED HEALTH & FITNESS, INC.  
**Address:** 1850 SE 17 ST #203  
**City-St-Zip:** FT LAUDERDALE, FL 33316 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: DIVERSIFIED HEALTH AND FITNESS, INC.      MGRM      04/23/2012

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