

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000110376

Entity Name: UPHORIA HEALTH LLC

FILED  
Sep 26, 2012  
Secretary of State

## Current Principal Place of Business:

7014 SOUTHEAST 12TH CIRCLE  
OCALA, FL 34480

## New Principal Place of Business:

3371 WEDGEWOOD LANE  
THE VILLAGES, FL 32162

## Current Mailing Address:

7014 SOUTHEAST 12TH CIRCLE  
OCALA, FL 34480

## New Mailing Address:

3371 WEDGEWOOD LANE  
THE VILLAGES, FL 32162

FEI Number: 45-4034421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

LESTER, ANGELA  
3371 WEDGEWOOD LANE  
THE VILLAGES, FL 32162 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: ANGELA LESTER

09/26/2012

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: LESTER, ANGELA H  
Address: 7014 SOUTHEAST 12TH CIRCLE  
City-St-Zip: OCALA, FL 34480

Title: MGR  
Name: KIRBY, AMBER  
Address: 7014 SOUTHEAST 12TH CIRCLE  
City-St-Zip: OCALA, FL 34480

Title: S  
Name: LESTER, ANGELA H  
Address: 7014 SOUTHEAST 12TH CIRCLE  
City-St-Zip: OCALA, FL 34480

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: ANGELA LESTER

MGRM

09/26/2012

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