

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000120143

Entity Name: HEALTH META, LLC

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2365 NW 49 LANE  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 811262  
BOCA RATON, FL 33481 US

**New Mailing Address:**

FEI Number: 45-3802583      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KOUTRAKOS, NICHOLAS J  
15684 GLENCREST AVENUE  
DELRAY BEACH, FL 33446 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: KOUTRAKOS, NICHOLAS J  
Address: 15684 GLENCREST AVENUE  
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: MGR  
Name: MARTINEZ, PEDRO L  
Address: 2365 NW 49 LANE  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR  
Name: RIOS, GEORGE  
Address: 30 KERN DRIVE  
City-St-Zip: FLANDERS, NJ 07836 US

Title: MGR  
Name: RODRIGUEZ, ANIA  
Address: 185 SE 14 TER, APT 1910  
City-St-Zip: MIAMI, FL 33131 US

Title: MGR  
Name: PORES, JOSEPH A  
Address: 19373 LOST OAKS LANE  
City-St-Zip: BOCA RATON, FL 33498 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: NICHOLAS J KOUTRAKOS

MGRM

03/14/2012

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