

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000130575

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** FOCUS HEALTH SEMINARS, LLC

**Current Principal Place of Business:**

2291 OAKES BOULEVARD, SUITE 101  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

2291 OAKES BOULEVARD, SUITE 101  
NAPLES, FL 34119 US

**New Mailing Address:**

**FEI Number:** 45-3909776

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALVATORI, WOOD & BUCKEL , P.L  
9132 STRADA PLACE  
FOURTH FLOOR  
NAPLES, FL 34108 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: MGR  
Name: LEO, LORI-JANE  
Address: 2291 OAKES BOULEVARD, SUITE 101  
City-St-Zip: NAPLES, FL 34119 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: LORI JANE LEO

MRG

01/13/2012

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