

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000001863

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** VESTED HEALTH LLC

**Current Principal Place of Business:**

803 QUARRIER STREET  
SUITE 600  
CHARLESTON, WV 25301

**New Principal Place of Business:**

**Current Mailing Address:**

803 QUARRIER STREET  
SUITE 600  
CHARLESTON, WV 25301

**New Mailing Address:**

**FEI Number:** 55-0783462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** BOND, PATRICK  
**Address:** 803 QUARRIER STREET, SUITE 600  
**City-St-Zip:** CHARLESTON, WV 25301

**Title:** MEMB  
**Name:** PARKINSON, TOM  
**Address:** ADENA VENTURES  
**City-St-Zip:** CHICAGO, IL 60606

**Title:** MEMB  
**Name:** OSHEA, DON  
**Address:** CAPVEST VENTURE FUND  
**City-St-Zip:** NEW ALBANY, OH 43054

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:** PATRICK BOND

MGR

02/22/2012

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