

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003688

FILED
Jan 16, 2009
Secretary of State

Entity Name: HEALTH RESPONSIVE, LLC

Current Principal Place of Business:

1403 SAINT GABRIELLE LANE #3203
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1403 SAINT GABRIELLE LANE #3203
WESTON, FL 33326

New Mailing Address:

7516 GARFIELD STREET
HOLLYWOOD, FL 33024

FEI Number: 26-3099335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, JEFFREY
7516 GARFIELD STREET
HOLLYWOOD, FL 33024 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 () Delete
Name: GONZALEZ, JEFFREY
Address: 7516 GARFIELD STREET
City-St-Zip: HOLLYWOOD, FL 33024OD

Title: MGRM () Delete
Name: KOUTON, JEAN-MARCEL M
Address: 1403 SAINT GABRIELLE LANE #3203
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: QUERO PEREZ, ORLANDO MARIO
Address: 4695 NW 180 STREET
City-St-Zip: MIAMI GARDENS, FL 33055

Title: MGRM () Delete
Name: ATKINSON, CHRISTOPHER
Address: 981 HILLCREST COURT, #105
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JEFFREY GONZALEZ

MGRM

01/16/2009

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