

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000989

**FILED**  
**May 21, 2010**  
**Secretary of State**

**Entity Name:** HEALTH DISCOVERIES LLC

**Current Principal Place of Business:**

1489 WEST PALMETTO PARK ROAD, STE 360  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

1489 WEST PALMETTO PARK ROAD, STE 360  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 26-4491493      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

REGISTERED AGENTS OF AMERICA, INC.  
199 EAST FLAGLER STREET #510  
MIAMI, FL 33131 US

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

SPORN, MARC MMBR  
1489 WEST PALMETTO PARK ROAD  
360  
BOCA RATON, FL 33486 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: MARC SPORN

05/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MMBR  
**Name:** SPORN, MARC  
**Address:** 1489 WEST PALMETTO PARK ROAD, STE 360  
**City-St-Zip:** BOCA RATON, FL 33486

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: MARC SPORN

MR

05/21/2010

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