

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002009

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** HEALTHSOURCE FITNESS SOLUTIONS, LLC

**Current Principal Place of Business:**

6465 WAYZATA BLVD SUITE 660  
ST LOUIS PARK, MN 55426

**New Principal Place of Business:**

6465 WAYZATA BLVD SUITE 660  
ST LOUIS PARK, MN 55426

**Current Mailing Address:**

6465 WAYZATA BLVD SUITE 660  
ST LOUIS PARK, MN 55426

**New Mailing Address:**

6465 WAYZATA BLVD SUITE 660  
ST LOUIS PARK, MN 55426

**FEI Number:** 26-4247212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BOYLE, EDWARD  
6743 SOUTHPPOINT DRIVE NORTH  
JACKSONVILLE, FL 322160980 US

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

D'AMOURS, ANGELA  
6743 SOUTHPPOINT DRIVE NORTH  
JACKSONVILLE, FL 322160980 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: ANGELA D'AMOURS

01/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: BOYLE, EDWARD T CEO  
Address: 6465 WAYZATA BLVD. SUITE 660  
City-St-Zip: ST. LOUIS PARK, MN 55426

Title: MRS  
Name: KRUSE, MARY P  
Address: 6465 WAYZATA BLVD. SUITE 660  
City-St-Zip: ST. LOUIS PARK, MN 55426

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: EDWARD T. BOYLE

CEO

01/06/2010

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