

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002009

**FILED**  
**Jan 15, 2012**  
**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:**

10159 WAYZATA BLVD  
SUITE 100  
MINNETONKA, MN 55305

**Current Mailing Address:**

6465 WAYZATA BLVD SUITE 660  
ST LOUIS PARK, MN 55426

**New Mailing Address:**

10159 WAYZATA BLVD  
SUITE 100  
MINNETONKA, MN 55305

**FEI Number:** 26-4247212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

D'AMOURS, ANGELA  
6743 SOUTHPPOINT DRIVE NORTH  
JACKSONVILLE, FL 322160980 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:** MR  
**Name:** BOYLE, EDWARD T CEO  
**Address:** 10159 WAYZATA BLVD., SUITE 100  
**City-St-Zip:** MINNETONKA, MN 55305

**Title:** MRS  
**Name:** KRUSE, MARY P  
**Address:** 10159 WAYZATA BLVD., SUITE 100  
**City-St-Zip:** MINNETONKA, MN 55395

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

MR

01/15/2012

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