

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003213

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** LIBERTY HEALTH NETWORK LLC

**Current Principal Place of Business:**

297 KINGSBURY GRADE SUITE 100  
STATELINE, NV 89449

**New Principal Place of Business:**

400 DORLA CT  
ZEPHYR COVE, NV 89448

**Current Mailing Address:**

P.O. BOX 4470  
STATELINE, NV 89449

**New Mailing Address:**

P.O. BOX 12187  
ZEPHYR COVE, NV 89448

**FEI Number:** 27-0707951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORTHWEST REGISTERED AGENT, LLC.  
3111 W. DR.MLK BLVD. SUITE 100-B180  
TAMPA, FL 33607 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: JULIE BACHMAN A LAW CORPORATION  
Address: 400 DORLA CT  
City-St-Zip: ZEPHYR COVE, NV 89448

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: JULIE BACHMAN A LAW CORPORATION

MGR

03/14/2011

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