

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110600

**Entity Name:** PROSPORTS HEALTH, LLC

**Current Principal Place of Business:**

7827 N. ARMENA AVE.  
TAMPA, FL 33604

**Current Mailing Address:**

P.O. BOX 48282  
TAMPA, FL 33646

**FEI Number:** 27-3789124

**Certificate of Status Desired:** No

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

O'NEILL, ELIZABETH  
26532 SHOREGRASS DR.  
WESLEY CHAPEL, FL 33544 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name O'NEILL, ELIZABETH  
Address 26532 SHOREGRASS DR.  
City-State-Zip: WESLEY CHAPEL FL 33544

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIZABETH O'NEILL

MGR

04/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date