

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000059658

FILED
Apr 13, 2011
Secretary of State

Entity Name: HEALTHCARE CONSULTANTS ALLIANCE LLC

Current Principal Place of Business:

3323 NORTH KEY DRIVE, SUITE 8
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

3440 MARINATOWN LANE
203
NORTH FORT MYERS, FL 33903

Current Mailing Address:

3323 NORTH KEY DRIVE, SUITE 8
NORTH FORT MYERS, FL 33903

New Mailing Address:

3440 MARINATOWN LANE
203
NORTH FORT MYERS, FL 33903

FEI Number: 27-2830865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: BEUER, LARRY
Address: 3323 NORTH KEY DRIVE, SUITE 8
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: MGR
Name: MURRAY, WENDY
Address: 3323 NORTH KEY DRIVE, SUITE 8
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: S
Name: BEUER, LARRY
Address: 3323 NORTH KEY DRIVE, SUITE 8
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: T
Name: MURRAY, WENDY
Address: 3323 NORTH KEY DRIVE, SUITE 8
City-St-Zip: NORTH FORT MYERS, FL 33903

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: WENDY MURRAY

MGR

04/13/2011

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