

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000059658

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** HEALTHCARE CONSULTANTS ALLIANCE LLC

**Current Principal Place of Business:**

3440 MARINATOWN LANE  
203  
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

3440 MARINATOWN LANE  
203  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

**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: 3440 MARINATOWN LANE 203  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: MGR  
Name: MURRAY, WENDY  
Address: 3440 MARINATOWN LANE 203  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: S  
Name: BEUER, LARRY  
Address: 3440 MARINATOWN LANE 203  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: T  
Name: MURRAY, WENDY  
Address: 3440 MARINATOWN LANE 203  
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

01/04/2012

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