

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000122752

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA HEALTHCARE PLUS HOLDINGS LLC

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD  
PH-1  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2100 PONCE DE LEON BLVD  
PH-1  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 27-5248845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, CARLOS J  
2100 PONCE DE LEON BLVD  
PH-1  
CORAL GABLES, FL 33134 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:** MGRM  
**Name:** GONZALEZ, CARLOS J  
**Address:** 2100 PONCE DE LEON BLVD SUITE PH-1  
**City-St-Zip:** CORAL GABLES, FL 33134

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: CARLOS J GONZALEZ

MR

03/19/2012

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