

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002593

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP, LLC

**Current Principal Place of Business:**

600 LEXINGTON AVE., 6TH FLOOR  
NEW YORK, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

600 LEXINGTON AVE., 6TH FLOOR  
NEW YORK, NY 10022

**New Mailing Address:**

FEI Number: 20-3502661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: ALVAREZ, ANTONIO C II  
Address: 600 LEXINGTON AVE., 6TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: MGR  
Name: MARSAL, BRYAN P  
Address: 600 LEXINGTON AVE., 6TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: MGR  
Name: SANSONE, GUY P  
Address: 600 LEXINGTON AVE., 6TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

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: CHRISTINE FIORE

MGR

04/17/2012

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