# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 14, 2012**
**Secretary of State**

DOCUMENT# L11000004911

**Entity Name:** FULLER HEALTHCARE RESOURCES LLC

**Current Principal Place of Business:**

12405 MYRTLEWOOD DRIVE
RIVERVIEW, FL 33579

**New Principal Place of Business:**

**Current Mailing Address:**

12405 MYRTLEWOOD DRIVE
RIVERVIEW, FL 33579

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

FULLER, STEPHANIE M
12405 MYRTLEWOOD DRIVE
RIVERVIEW, FL 33579 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: FULLER, STEPHANIE M
Address: 12405 MYRTLEWOOD DRIVE
City-St-Zip: RIVERVIEW, FL 33579

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 Statues.

SIGNATURE: STEPHANIE M FULLER MGR 04/14/2012

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