

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107228

**Entity Name:** SE STRATEGIC HEALTHCARE MANAGEMENT CONSULTING  
LLC

**FILED**  
**Jan 11, 2014**  
**Secretary of State**  
**CC6700511730**

**Current Principal Place of Business:**

2245 NW 4TH PLACE  
GAINESVILLE, FL 32603

**Current Mailing Address:**

2245 NW 4TH PLACE  
GAINESVILLE, FL 32603 US

**FEI Number: 27-3686013**

**Certificate of Status Desired: No**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A  
TAMPA, FL 33612 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name JOHARY, CLARA F  
Address 2245 NW 4TH PLACE  
City-State-Zip: GAINESVILLE FL 32603

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CLARA JOHARY**

**PRESIDENT**

**01/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date