

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004777

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** LAKEVIEW HEALTH SYSTEMS, L.L.C.

**Current Principal Place of Business:**

2701 GATEWAY DR  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

2701 GATEWAY DR  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

**FEI Number:** 65-1100767      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHURGIN, DAVID  
2701 GATEWAY DR  
POMPANO BEACH, FL 33069 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:** VP  
**Name:** SHURGIN, DAVID  
**Address:** 2701 GATEWAY DR  
**City-St-Zip:** POMPANO BEACH, FL 33069

**Title:** PRES  
**Name:** HELLMAN, MAYNARD J  
**Address:** 2701 GATEWAY DRIVE  
**City-St-Zip:** POMPANO BEACH, FL 330694323 US

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: DAVID SHURGIN

VP

04/06/2012

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