

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024325

Entity Name: CLIENTELEHEALTH, LLC

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

225 WILLOW WINDS PKWY.  
SAINT JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 600938  
JACKSONVILLE, FL 322600938

**New Mailing Address:**

FEI Number: 52-2381107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STONEBURNER, GRESHAM R  
841 PRUDENTIAL DRIVE, SUITE 1400  
JACKSONVILLE, FL 32207 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: SHEPHERD, PAOLA B  
Address: 225 WILLOW WINDS PKWY  
City-St-Zip: SAINT JOHNS, FL 32259

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: PAOLA B. SHEPHERD

MGR

01/08/2012

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