

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000046825

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** HALIFAX HEALTH SERVICES, LLC

**Current Principal Place of Business:**

701 BRICKELL AVENUE  
SUITE 2500  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1801 SOUTH NOVA ROAD  
SUITE 110  
SOUTH DAYTONA, FL 32119

**New Mailing Address:**

**FEI Number:** 41-2189656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURSTEIN, JASON  
701 BRICKELL AVE  
SUITE 2500  
MIAMI, FL 33131 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:** BURSTEIN, JACK  
**Address:** 701 BRICKELL AVENUE, SUITE 2500  
**City-St-Zip:** MIAMI, FL 33131

**Title:** MGRM  
**Name:** BURSTEIN, JASON  
**Address:** 701 BRICKELL AVENUE, SUITE 2500  
**City-St-Zip:** MIAMI, FL 33131

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:** JASON BURSTEIN

MGRM

01/05/2011

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