

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050139

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** HOLLY HEALTH PARTNERS, LLC

**Current Principal Place of Business:**

1700 S MACDILL AVE, STE 220  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

1700 S MACDILL AVE, STE 220  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 20-1332004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSH ROSS REGISTERED AGENT SERVICES, LLC  
1801 NORTH HIGHLAND AVENUE  
TAMPA, FL 33602 US

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

MURRAY, MICHAEL S  
1700 S. MACDILL AVENUE  
#220  
TAMPA, FL 33629 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:** MICHAEL S. MURRAY

03/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MURRAY, MICHAEL S  
**Address:** 1700 S MACDILL AVE #220  
**City-St-Zip:** TAMPA, FL 33629

**Title:** MGRM  
**Name:** MURRAY, JR, JAMES K  
**Address:** 1700 S MACDILL AVE #220  
**City-St-Zip:** TAMPA, FL 33629

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:** MICHAEL S. MURRAY

MMGR

03/16/2011

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