

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050139

**FILED**  
**Apr 09, 2012**  
**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:**

1700 S MACDILL AVE, STE 220  
SUITE 220  
TAMPA, FL 33629 UN

**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:**

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

MGRM

04/09/2012

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