

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000072010

Entity Name: WISE HEALTHCARE, L.L.C.

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3415 GALT OCEAN DRIVE #307  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

1323 SE 17TH STREET  
#404  
FT. LAUDERDALE, FL 33316

**Current Mailing Address:**

3415 GALT OCEAN DRIVE #307  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

1323 SE 17TH STREET  
#404  
FT. LAUDERDALE, FL 33316

FEI Number: 20-2674998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WISE, REBECCA J  
3200 N.E 36TH STREET STE. 306  
FT. LAUDERDALE, FL 33308 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: WISE, REBECCA J  
Address: 3200 N.E 36TH STREET STE. 306  
City-St-Zip: FT. LAUDERDALE, FL 33308

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: REBECCA J. WISE

MGRM

04/12/2012

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