

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057744

Entity Name: MZI HEALTHCARE, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2180 WEST STATE ROAD 434
2104
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
2104
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 20-2981537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURTHY, NALLURU C
390 VISTA OAK DRIVE
LONGWOOD, FL 32779 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 () Delete
Name: MURTHY, NALLURU C
Address: 2180 WEST STATE ROAD 434 #2104
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM () Delete
Name: BEDEROW, DAVID
Address: 616 RIVERPARK CIRCLE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: NALLURU C MURTHY

MGRM

04/29/2009

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