2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2011
Secretary of State

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Entity Name: MZI HEALTHCARE, LLC

Current Principal Place of Business:

407 WEKIVA SPRINGS RD, STE 241
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

407 WEKIVA SPRINGS RD, STE 241
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
Name: MURTHY, NALLURU C
Address: 407 WEKIVA SPRINGS RD STE 241
City-St-Zip: LONGWOOD, FL 32779 US

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

Title: MGRM
Name: DOTSON, WILLIAM R
Address: 1661 GLADIOLAS DR
City-St-Zip: WINTER PARK, FL 32792

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 Statues.

SIGNATURE: NALLURU C MURTHY MGRM 04/14/2011

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