

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000095305

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** GHS UNIVERSITY PLACE, LLC

**Current Principal Place of Business:**

5240 SOUTH UNIVERSITY DRIVE  
SUITE 101  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

5240 SOUTH UNIVERSITY DRIVE  
SUITE 101  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:** 20-3611896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOLEDO, RAFAEL  
5240 SOUTH UNIVERSITY DRIVE  
SUITE 101  
DAVIE,, FL 33328 US

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

ANTONELL, MICHAEL  
5240 SOUTH UNIVERSITY DRIVE  
SUITE 101  
DAVIE,, FL 33328 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 ANTONELL

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TOLEDO, RYAN  
Address: 5240 SOUTH UNIVERSITY DRIVE, SUITE 101  
City-St-Zip: DAVIE, FL 33328

Title: MGRM  
Name: ANTONELL, MICHAEL  
Address: 5240 SOUTH UNIVERSITY DRIVE, SUITE 101  
City-St-Zip: DAVIE, FL 33328

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 ANTONELL

MGRM

04/30/2012

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