

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000120609

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** PACER HEALTH MANAGEMENT OF FLORIDA, LLC

**Current Principal Place of Business:**

14100 PALMETTO FRONTAGE ROAD  
SUITE 110  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

14100 PALMETTO FRONTAGE ROAD  
SUITE 110  
MIAMI LAKES, FL 33016

**New Mailing Address:**

**FEI Number:** 20-3958059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHI, JOHN  
14100 PALMETTO FRONTAGE ROAD  
SUITE 110  
MIAMI LAKES, FL 33016 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: MGR  
Name: CHI, JOHN  
Address: 14100 PALMETTO FRONTAGE ROAD, SUITE 110  
City-St-Zip: MIAMI LAKES, FL 33016

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: JOHN CHI

CFO

03/21/2011

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