

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000074550

**Entity Name:** LMC HEALTH SERVICES LLC

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4733 W ATLANTIC AVE  
12 C  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

100 EAST LINTON BLVD.  
400A  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

601 S SWINTON AVE  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CORIO LAND, LEVENY M  
601 S SWINTON AVE  
DELRAY BEACH, FL 33444      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: CORIO LAND, LEVENY M  
Address: 601 S SWINTON AVE  
City-St-Zip: DELRAY BEACH, FL 33444

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: LEVENY CORIO LAND                      MGR                      03/27/2012

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