

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075324

FILED  
Feb 28, 2012  
Secretary of State

Entity Name: CONTINUCARE MDHC, LLC

**Current Principal Place of Business:**

7200 CORPORATE CENTER DRIVE, SUITE 600  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

777 YAMATO ROAD, SUITE 510  
ATTN: LEGAL DEPARTMENT  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 20-5646291

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221 E  
PALM BEACH GARDENS, FL 33410 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: P  
Name: ROSELLO, GEMMA  
Address: 7200 CORPORATE CENTER DRIVE, SUITE 600  
City-St-Zip: MIAMI, FL 33126

Title: MGR  
Name: ROSELLO, GEMMA  
Address: 7200 CORPORATE CENTER DRIVE, SUITE 600  
City-St-Zip: MIAMI, FL 33126

Title: T  
Name: BECKHAM, MELISSA  
Address: 7200 CORPORATE CENTER DR STE 600  
City-St-Zip: MIAMI, FL 33126

Title: S  
Name: PALENZUELA, ROBERTO L  
Address: 777 YAMATO ROAD, SUITE 510  
City-St-Zip: BOCA RATON, FL 33431

Title: AT  
Name: SABO, ROBERT J  
Address: 777 YAMATO ROAD, SUITE 510  
City-St-Zip: BOCA RATON, FL 33431

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: ROBERTO L. PALENZUELA

S

02/28/2012

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