

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000089354

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** HEALTHCARE NEWS NETWORK, LLC

**Current Principal Place of Business:**

1625 SE 46TH STREET  
SUITE 4A  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1625 SE 46TH STREET  
SUITE 4A  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 20-5506282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIFFAR, JOHN E  
1625 S.E. 46TH STREET  
SUITE 4B  
CAPE CORAL, FL 33904 US

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

RYAN, THOMAS J  
1625 S.E. 46TH STREET  
SUITE 4A  
CAPE CORAL, FL 33904 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: THOMAS J. RYAN

04/13/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RYAN, THOMAS J  
Address: 1625 S.E. 46TH STREET, SUITE 4A  
City-St-Zip: CAPE CORAL, FL 33904

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: THOMAS J. RYAN

MGRM

04/13/2011

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