## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118311

Entity Name: STRATEGIC HEALTHCARE MANAGEMENT SYSTEMS, LLC

FILED Jul 16, 2008 Secretary of State

(X) Change ( ) Addition

**Current Principal Place of Business: New Principal Place of Business:** 

3170 CITRUS TOWER BLVD. 260 MAITLAND AVE

CLERMONT, FL 34711 ALTAMONTE SPRINGS, FL 32701 US

**Current Mailing Address: New Mailing Address:** 

3170 CITRUS TOWER BLVD. 260 MAITLAND AVENUE, SUITE 1500 CLERMONT, FL 34711 ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 20-8039320 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

FREDERIC STANLEY, JR., ESQ. 260 MAITLAND AVENUE, SUITE 1500 ALTAMONTE SPRINGS, FL 32701

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

Title:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete ROMANELLO, BRUCE J Name: Address: 3170 CITRUS TOWER BLVD.

STANLEY, CHRISTOPHER J Name: Address: 260 MAITLAND AVENUE, SUITE 1500 City-St-Zip: CLERMONT, FL 34711 US City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHRISTOPHER STANLEY **MGRM** 07/16/2008