

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000021788

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

**Entity Name:** FLORIDA HEALTH NETWORK, LLC

**Current Principal Place of Business:**

931 W. OAK STREET  
STE 105  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

931 W. OAK STREET  
STE 105  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 64-0951530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, JUAN J  
3392 S.W. 175 AVE.  
MIRAMAR, FL 33029 US

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

GARCIA, JUAN J  
931 W OAK STREET  
STE 105  
KISSIMMEE, FL 34741 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: JUAN J GARCIA

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GARCIA, JUAN J  
Address: 931 W OAK STREET, STE 105  
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR  
Name: GARCIA, DELARAY S  
Address: 931 W OAK STREET, STE 105  
City-St-Zip: KISSIMMEE, FL 34741

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: JUAN J GARCIA

MGRM

04/27/2012

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