

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000026024

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** HEALTHEXCEL MEDICAL GROUP LLC

**Current Principal Place of Business:**

12905 SW 42ND STREET  
STE 212  
MIAMI, FL 33175

**New Principal Place of Business:**

13780 SW 26TH STREET, SUITE 206  
MIAMI, FL 33175

**Current Mailing Address:**

13780 SW 26TH STREET, SUITE 206  
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number:** 20-8660532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: COLLINS, KEITH  
Address: 13780 SW 26TH STREET, SUTE 206  
City-St-Zip: MIAMI, FL 33175

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: KEITH COLLINS

MGR

02/07/2012

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