

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000076735

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** GENUINE HEALTHCARE, L.L.C.

**Current Principal Place of Business:**

1515 US HIGHWAY ONE  
SUITE 204  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

6666 110TH STREET  
SEBASTIAN, FL 32958

**Current Mailing Address:**

6666 110TH STREET  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 26-0582919

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIGMAN, ELIZABETH L  
6666 110TH STREET  
SEBASTIAN, FL 32958 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:** MGRM  
**Name:** SIGMAN, TIMOTHY S  
**Address:** 6666 110TH STREET  
**City-St-Zip:** SEBASTIAN, FL 32958

**Title:** MGRM  
**Name:** ELIZABETH, SIGMAN L  
**Address:** 6666 110TH STREET  
**City-St-Zip:** SEBASTIAN, FL 32958

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: ELIZABETH L. SIGMAN

MGRM

04/22/2012

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