

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079840

Entity Name: HCN HEALTHCARE, LLC

FILED
Apr 11, 2012
Secretary of State

Current Principal Place of Business:

2784 HARVEST DRIVE
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

2784 HARVEST DRIVE
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 26-0655829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVIERI, DAVID
2784 HARVEST DRIVE
SARASOTA, FL 34240 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: OLIVIERI, DAVID
Address: 2784 HARVEST DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: SR
Name: OLIVIERI, BROOKE
Address: 2784 HARVEST DRIVE
City-St-Zip: SARASOTA, FL 3424

Title: SR
Name: INTEGRITY FAMILY TRUST
Address: 2784 HARVEST DRIVE
City-St-Zip: SARASOTA, FL 34240

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: DAVID OLIVIERI

MR.

04/11/2012

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