

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004298

FILED
Apr 23, 2009
Secretary of State

Entity Name: GLOBAL IMPACT HEALTHCARE MANAGEMENT LLC

Current Principal Place of Business:

419 COURTFLEA OAKS BLVD
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

419 COURTFLEA OAKS BLVD
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 26-1774188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRINGER, TONI B
801 DOUGLAS AVE SUITE 206
ALTAMONTE SPRINGS, FL 32714 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 () Delete
Name: JOHNSON, JOEL
Address: 419 COURTFLEA OAKS BLVD
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR () Delete
Name: ARCARA, STEVEN T
Address: 515 EAST GORE STREET
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOEL JOHNSON

DP

04/23/2009

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