

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013168

Entity Name: P.S.P. HMO, LLC

FILED
Mar 16, 2012
Secretary of State

Current Principal Place of Business:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 26-1921938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011517 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: GHAZVINI, BEHZAD
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR
Name: GHAZVINI, MEHRAN
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303

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: BEHZAD GHAZVINI

MGR

03/16/2012

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