

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000016311

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** COPIA HEALTH CARE, LLC

**Current Principal Place of Business:**

3819 MURRELL ROAD  
SUITE C  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

3819 MURRELL ROAD  
SUITE C  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 26-2418660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CONCEPCION, CARLOS F  
355 ALHAMBRA CIR  
STE 1250  
CORAL GABLES, FL 33134 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:** CONCEPCION, CARLOS F  
**Address:** 355 ALHAMBRA CIR - STE 1250  
**City-St-Zip:** MIAMI, FL 33134

**Title:** MGR  
**Name:** ABAD, FERNANDO DR  
**Address:** 4435 PRESERVE DR - STE 206  
**City-St-Zip:** VIERA, FL 32934

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:** FERNANDO O. ABAD

MGR

02/29/2012

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