

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065229

FILED  
Jan 21, 2011  
Secretary of State

**Entity Name:** SUPERIOR HEALTHCARE MANAGEMENT, LLC

**Current Principal Place of Business:**

1807 OSMAN AVENUE  
ORLANDO, FL 32806

**New Principal Place of Business:**

901 EAST WASHINGTON ST  
ORLANDO, FL 32801

**Current Mailing Address:**

1807 OSMAN AVENUE  
ORLANDO, FL 32806

**New Mailing Address:**

901 EAST WASHINGTON ST  
ORLANDO, FL 32801

**FEI Number:** 01-0914844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NIELSON, KENNETH  
1807 OSMAN AVENUE  
ORLANDO, FL 32806 US

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

NIELSON, KENNETH  
950 NORTH WESTMORELAND DR  
ORLANDO, FL 32804 US

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: KENNETH NIELSON

01/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NIELSON, KENNETH  
Address: 950 NORTH WESTMORELAND DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: MGRM  
Name: PIZAM, HAIM CY  
Address: 1021 EAST HARWOOD ST.  
City-St-Zip: ORLANDO, FL 32801

Title: MGR  
Name: WELLS, CLINT  
Address: 5814 KNOLLWOOD TRAIL  
City-St-Zip: SPRING, TX 77373 US

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: KENNETH NIELSON

MGRM

01/21/2011

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