

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000065229

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

901 EAST WASHINGTON ST  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

901 EAST WASHINGTON ST  
ORLANDO, FL 32801

**New Mailing Address:**

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

**Title:** MGRM  
**Name:** PIZAM, HAIM CY  
**Address:** 610 EAST GORE STREET  
**City-St-Zip:** ORLANDO, FL 32806

**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:** HAIM CY PIZAM

MGRM

04/10/2012

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