

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065988

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** INSTITUTE FOR HEALTH CARE, LLC

**Current Principal Place of Business:**

20 EAST MELBOURNE AVENUE  
SUITE #104  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

20 EAST MELBOURNE AVENUE  
SUITE #104  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 26-2942860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHARLES R. STACK, HIGH, STACK, GORDON, PA  
525 EAST STRAWBRIDGE AVENUE  
MELBOURNE, FL 32901 US

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

CHANDRA, RAJIV  
20 E. MELBOURNE AVE.  
104  
MELBOURNE, FL 32901 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: RAJIV CHANDRA

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TRUMED ED, INC  
Address: 20 EAST MELBOURNE AVENUE  
City-St-Zip: MELBOURNE, FL 32901 US

Title: MGRM  
Name: CHANDRA, RAJIV M.D.  
Address: 20 E, MELBOURNE AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM  
Name: POCOSKI, DAVID M.D.  
Address: 20 E MELBOURNE AVE  
City-St-Zip: MELBOURNE, FL 32901

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: RAJIV CHANDRA

MGMR

01/05/2012

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