

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000070237

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** BRILLIANT ACADEMY HEALTH CENTER, LLC

**Current Principal Place of Business:**

800 NORTH PINE HILLS ROAD  
BUILDING H  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

800 NORTH PINE HILLS ROAD  
BUILDING H  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 26-3081591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JEAN-GILLES, MARIE M  
2709 WYNDHAM LN  
ORLANDO, FL 32808 US

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

JEAN-GILLES, MARIE M SR  
2709 WYNDHAM LN  
ORLANDO, FL 32808 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: MARIE MICHELLE JEAN-GILLES

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JEAN-GILLES, MARIE M  
Address: 2709 WYNDHAM LN  
City-St-Zip: ORLANDO, FL 32808

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: MARIE MICHELLE JEAN\_GILLES

MGR

04/30/2012

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