2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2010
Secretary of State

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Entity Name: SPINNAKER HEALTH, LLC

Current Principal Place of Business:

100 NORTH TAMPA STREET
SUITE 3550
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

100 NORTH TAMPA STREET
SUITE 3550
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRINO, BRYAN L
100 NORTH TAMPA STREET
SUITE 3550
TAMPA, FL 33602 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: CRINO, BRYAN L
Address: 100 NORTH TAMPA STREET, SUITE 3550
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM
Name: SCOTT, FEUER N
Address: 100 NORTH TAMPA STREET, SUITE 3550
City-St-Zip: TAMPA, FL 33602 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 Statues.

SIGNATURE: BRYAN L. CRINO MGRM 03/23/2010

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