

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000013136

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Entity Name:** HEALTHCARE RESOURCES MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

21840 MOUNTAIN SUGAR LANE  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

21840 MOUNTAIN SUGAR LANE  
BOCA RATON, FL 33433 US

**New Mailing Address:**

**FEI Number:** 26-4237366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GENOVESE, SAM  
21840 - MOUNTAIN SUGAR LANE  
BOCA RATON, FL 33433 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:** GENOVESE, SAM  
**Address:** 21840 MOUNTAIN SUGAR LANE  
**City-St-Zip:** BOCA RATON, FL 33433 US

**Title:** MGRM  
**Name:** ROMERO, MERCY  
**Address:** 1288 NW 16TH STREET  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** MGRM  
**Name:** LAFLAMME, JAMES  
**Address:** 9201 COLLINS AVE  
**City-St-Zip:** SURFSIDE, FL 33154

**Title:** MGRM  
**Name:** YBARRA, RICARDO  
**Address:** 42775 CHATELAIN CIRCLE  
**City-St-Zip:** BRAMBELTON, VA 20148

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:** SAM GENOVESE

MGRM

10/03/2011

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