

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000040972

FILED  
Mar 10, 2011  
Secretary of State

**Entity Name:** BEACON HEALTH SOLUTIONS LLC

**Current Principal Place of Business:**

5403 NORTH CHURCH AVE  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

5403 NORTH CHURCH AVE  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 27-0149463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, BIJAL T  
5403 NORTH CHURCH AVE  
TAMPA, FL 33614 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: MGR  
Name: PATEL, KIRAN C  
Address: 5600 MARINER STREET, SUITE 200  
City-St-Zip: TAMPA, FL 33609 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: KIRAN C PATEL, MD

MGR

03/10/2011

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