2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: GULF COAST HEALTH TRAVEL AND IMMUNIZATION, LLC

Current Principal Place of Business:

2195 RINGLING BLVD
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2195 RINGLING BLVD
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 27-0593224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAENSCH, P. CHRISTOPHER
2195 RINGLING BLVD
SARASOTA, FL 34237 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: JAENSCH, P. CHRISTOPHER
Address: 2195 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34237 US

Title: P
Name: JAENSCH, P. CHRISTOPHER
Address: 2195 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34237 US

Title: VP
Name: MEKHAEL, KAMAL
Address: 12670 NEW BRITTANY BVLD. SUITE 101
City-St-Zip: FORT MYERS, FL 33907

Title: T
Name: MEKHAEL, KAMAL
Address: 12670 NEW BRITTANY BVLD. SUITE 101
City-St-Zip: FORT MYERS, FL 33907 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: P. CHRISTOPHER JAENSCH MGR 03/01/2012

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