

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000073090

**FILED**  
**Feb 07, 2010**  
**Secretary of State**

**Entity Name:** EFFECTUAL HEALTHCARE MANAGEMENT LLC

**Current Principal Place of Business:**

11400 S W 20TH STREET  
MIRAMAR, FL 33025 US

**New Principal Place of Business:**

**Current Mailing Address:**

11400 S W 20TH STREET  
MIRAMAR, FL 33025 US

**New Mailing Address:**

**FEI Number:** 27-0638941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERNARD, CYNTHIA A CEO  
11400 S W 20TH STREET  
MIRAMAR, FL 33025 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: CEO  
Name: BERNARD, CYNTHIA A  
Address: 11400 S W 20TH STREET  
City-St-Zip: MIRAMAR, FL 33025 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: CYNTHIA A BERNARD

CEO

02/07/2010

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