2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2010
Secretary of State

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Entity Name: FLORIDA INTEGRATED HEALTHCARE, LLC

Current Principal Place of Business:

12734 KENWOOD LANE
SUITE 32
FT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LANE
SUITE 32
FT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 27-0746492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARDE, KEITH Q D.C.
12734 KENWOOD LANE
SUITE 32
FT MYERS, FL 33907 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: WARDE, KEITH Q D.C.
Address: 12734 KENWOOD LANE, SUITE 32
City-St-Zip: FT MYERS, FL 33907 US

Title: MGRM
Name: CARTWRIGHT, KRISTA
Address: 12734 KENWOOD LANE, SUITE 32
City-St-Zip: FT 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: KEITH Q. WARDE, DC MGRM 06/22/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date