2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2011
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:

12734 KENWOOD LANE
SUITE 30
FT MYERS, FL 33907 US

Current Mailing Address:

12734 KENWOOD LANE
SUITE 32
FT MYERS, FL 33907 US

New Mailing Address:

12734 KENWOOD LANE
SUITE 30
FT MYERS, FL 33907 US

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:

CARTWRIGHT, KRISTA
12734 KENWOOD LANE
SUITE 30
FT MYERS, FL 33907 US

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: KRISTACARTWRIGHT@GMAIL.COM 01/11/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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: KRISTA CARTWRIGHT MGRM 01/11/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date