

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094837

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** MTN GLOBAL HEALTHCARE LLC

**Current Principal Place of Business:**

100 SE SECOND STREET, SUITE 4000  
ATTN: ROBERT B. MACAULAY  
MIAMI, FL 33131

**New Principal Place of Business:**

1117 PERIMETER CENTER WEST  
SUITE M-404  
ATLANTA, GA 30338 US

**Current Mailing Address:**

100 SE SECOND STREET, SUITE 4000  
ATTN: ROBERT B. MACAULAY  
MIAMI, FL 33131

**New Mailing Address:**

1117 PERIMETER CENTER WEST  
SUITE M-404  
ATLANTA, GA 30338 US

**FEI Number:** 27-1038737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CFRA, LLC  
CORPORATE CENTER THREE AT INTERNATIONAL PL  
4221 WEST BOY SCOUT BOULEVARD  
TAMPA, FL 336075736 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: TOLEDO, FERNANDO  
Address: 1117 PERIMETER CENTER WEST, SUITE M-404  
City-St-Zip: ATLANTA, GA 30338 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: FERNANDO TOLEDO

MGRM

04/29/2011

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