

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000098109

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** WELLSRING HEALTH, LLC

**Current Principal Place of Business:**

3700 COQUINA KEY DRIVE  
ST. PETERSBURG, FL 33705 US

**New Principal Place of Business:**

17117 GULF BLVD.  
528  
NORTH REDINGTON BEACH, FL 33708 US

**Current Mailing Address:**

P.O. BOX 4037  
ST. PETERSBURG, FL 33731 US

**New Mailing Address:**

17117 GULF BLVD.  
528  
NORTH REDINGTON BEACH, FL 33708 US

**FEI Number:** 32-0292176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COBB, CAROL ANN M.D.  
3700 COQUINA KEY DRIVE  
ST. PETERSBURG, FL 33705 US

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

COBB, CAROL ANN M.D.  
17117 GULF BLVD.  
528  
NORTH REDINGTON BEACH, FL 33708 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:

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: COBB, CAROL ANN M.D.  
Address: 17117 GULF BLVD.  
City-St-Zip: ST. PETERSBURG, FL 33708 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: CAROL ANN COBB, M.D.

MGR

04/10/2012

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