

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000104666

**Entity Name:** AUSTIN HEALTH CENTER LLC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7028 W. WATERS AVENUE  
SUITE 221  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

7028 W. WATERS AVENUE  
SUITE 221  
TAMPA, FL 33634

**New Mailing Address:**

**FEI Number:** 27-1210856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LI, ROBERTO SR  
1411 N. WESTSHORE BLVD, STE 205  
TAMPA, FL 33607 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:** LI, ROBERTO SR  
**Address:** 1411 N. WESTSHORE BLVD, STE 205  
**City-St-Zip:** TAMPA, FL 33607

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: ROBERTO LI

MGRM

04/24/2012

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