

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000002067

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** INCIRCLE HEALTHCARE RESOURCES, LLC

**Current Principal Place of Business:**

401 E LAS OLAS BLVD.  
130-514  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

401 E LAS OLAS BLVD.  
130-514  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

MILLS, TYRON  
401 E LAS OLAS BLVD.  
130-514  
FORT LAUDERDALE, FL 33301 US

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

COPELAND, SHALONDA L  
401 E LAS OLAS BLVD.  
130-514  
FORT LAUDERDALE, FL 33301 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: SHALONDA L. COPELAND

03/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COPELAND, SHALONDA L  
Address: 401 E LAS OLAS BLVD. STE 130-514  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: SHALONDA L. COPELAND

MGRM

03/30/2011

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