

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000002067

FILED
Apr 30, 2012
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:

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

04/30/2012

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