2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2011
Secretary of State

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Entity Name: TRAVERSE HEALTHCARE, LLC

Current Principal Place of Business:

390 NORTH ORANGE AVE SUITE 1500
ORLANDO, FL 32801

New Principal Place of Business:

1485 INTERNATIONAL PARKWAY
SUITE 2031
HEATHROW, FL 32746

Current Mailing Address:

390 NORTH ORANGE AVE SUITE 1500
ORLANDO, FL 32801

New Mailing Address:

1485 INTERNATIONAL PARKWAY
SUITE 2031
HEATHROW, FL 32746

FEI Number: 27-1694845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIPSON, GARY D
390 NORTH ORANGE AVE SUITE 1500
ORLANDO, FL 32801 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: MGR
Name: CURLEY, NOAL
Address: 1485 INTERNATIONAL PKWY, SUITE 2031
City-St-Zip: HEATHROW, FL 32746

Title: MGR
Name: LEWIS, MICHAEL E
Address: 1485 INTERNATIONAL PKWY, SUITE 2031
City-St-Zip: HEATHROW, FL 32746

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 Statues.

SIGNATURE: NOAL CURLEY MGR 04/07/2011

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