

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000006568

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** HEALTHCARE CASE LAW, LLC

**Current Principal Place of Business:**

126 B NORTH ATLANTIC AVENUE  
COCOA BEACH, FL 32931 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 875  
CAPE CANAVERAL, FL 32930 US

**New Mailing Address:**

**FEI Number:** 90-0535862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDSMITH, KAREN L  
2160 PAK AVENUE NORTH  
WINTER PARK, FL 32789 US

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

GOLDSMITH, KAREN L  
126 B NORTH ATLANTIC AVENUE  
COCOA BEACH, FL 32931 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:** KAREN L. GOLDSMITH

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** GOLDSMITH, KAREN L  
**Address:** 2431 ALOMA AVENUE, SUITE 249  
**City-St-Zip:** WINTER PARK, FL 32792

**Title:** MGRM  
**Name:** GROUT, JONATHAN S  
**Address:** 2431 ALOMA AVENUE, SUITE 249  
**City-St-Zip:** WINTER PARK, FL 32792

**Title:** MGRM  
**Name:** HEATON, HUGH  
**Address:** 12285 HWY 168 EAST  
**City-St-Zip:** BOAZ, AL 35957

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:** KAREN L. GOLDSMITH

M

04/19/2011

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