

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000021137

FILED
Feb 08, 2012
Secretary of State

Entity Name: CODY HEALTH SOLUTIONS, LLC

Current Principal Place of Business:

1412 PROVINCETOWN CIRCLE
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151634
TAMPA, FL 33684

New Mailing Address:

FEI Number: 27-2048705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAINS, JOHN H III
501 EAST KENNEDY BOULEVARD
SUITE 750
TAMPA, FL 33602 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: MABARI, DEBBIE R
Address: P.O. BOX 151634
City-St-Zip: TAMPA, FL 33684

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: DEBBIE R. MABARI

MGRM

02/08/2012

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