## 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000041438

Entity Name: HOSPITAL TEAMCARE, LLC

FILED Mar 01, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

110 EAST BROWARD BLVD 351 SOUTH CYPRESS ROAD

1700 408

FORT LAUDERDALE, FL 33301 US POMPANO BEACH, FL 33060 US

**Current Mailing Address: New Mailing Address:** 

110 EAST BROWARD BLVD 351 SOUTH CYPRESS ROAD 1700

408

POMPANO BEACH, FL 33060 US US

FEI Number: 27-2423175 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

LOWE, M. SUNSHINE LOWE, M. SUNSHINE 110 EÁST BROWARD BLVD 351 SOUTH CYPRESS ROAD

1700 408 FORT LAUDERDALE, FL 33301 US POMPANO BEACH, FL 33060 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: MS LOWE 03/01/2011

> Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

MGR

LOWE, M. SUNSHINE Name:

FORT LAUDERDALE, FL 33301

Address: 351 SOUTH CYPRESS ROAD, SUITE 408 City-St-Zip: POMPANO BEACH, FL 33060 US

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: MS LOWE **MGR** 03/01/2011