2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2012
Secretary of State

DOCUMENT# L10000050568

Entity Name: POLARIS HEALTHCARE DEVELOPMENT, LLC

Current Principal Place of Business:

3680 AVALON PARK EAST BOULEVARD, SUITE 300
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

3680 AVALON PARK EAST BOULEVARD, SUITE 300
ORLANDO, FL 32828

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:

W&P SERVICES, INC.
450 NORTH WYMORE ROAD
WINTER PARK, FL 32789 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: DP
Name: KAHLI, BEAT M
Address: 3680 AVALON PARK EAST BOULEVARD, SUITE 300
City-St-Zip: ORLANDO, FL 32828

Title: DVS
Name: MARKS, ERIC B
Address: 3680 AVALON PARK EAST BOULEVARD, SUITE 300
City-St-Zip: ORLANDO, FL 32828

Title: DVT
Name: HAMBURG, MARTIN
Address: 3680 AVALON PARK EAST BOULEVARD, SUITE 300
City-St-Zip: ORLANDO, FL 32828

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: BEAT KAHLI P 02/06/2012

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