

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000051520

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** SWEETHEART'S MEDICAL CONSULTING, LLC

**Current Principal Place of Business:**

548 BAMBOO HARBOR COURT  
# 112  
ORLANDO, FL 32825

**New Principal Place of Business:**

8532 VALENCIA VILLAGE LANE  
# 107  
ORLANDO, FL 32825

**Current Mailing Address:**

548 BAMBOO HARBOR COURT  
# 112  
ORLANDO, FL 32825

**New Mailing Address:**

8532 VALENCIA VILLAGE LANE  
# 107  
ORLANDO, FL 32825

**FEI Number:** 27-2557908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILLIAMS, QUIANA S  
548 BAMBOO HARBOR COURT  
# 112  
ORLANDO, FL 32825 US

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

DORCELUS, QUIANA S  
8532 VALENCIA VILLAGE LANE  
# 107  
ORLANDO, FL 32825 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: QUIANA S DORCELUS

04/29/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DORCELUS, QUIANA S  
Address: 8532 VALENCIA VILLAGE LANE # 107  
City-St-Zip: ORLANDO, FL 32825

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: QUIANA S DORCELUS

MGRM

04/29/2012

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