

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000052471

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** LISA THOMAS HEALTH CARE CONSULTING LLC

**Current Principal Place of Business:**

8396 MARIVA LANE  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

8396 MAREVA LANE  
SARASOTA, FL 34241 US

**Current Mailing Address:**

8396 MARIVA LANE  
SARASOTA, FL 34240 US

**New Mailing Address:**

8396 MAREVA LANE  
SARASOTA, FL 34241 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

AGEE, DAVID C ESQ.  
3633 26TH STREET WEST  
BRADENTON, FL 34205 US

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

AGEE, DAVID C  
3633 26TH STREET WEST  
BRADENTON, FL 34205 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: DAVID C. AGEE

04/27/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: THOMAS, LISA  
Address: PO BOX 1790  
City-St-Zip: NOKOMIS, FL 34274 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 Statutes.

SIGNATURE: LISA THOMAS

MGR

04/27/2011

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