

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000063255

Entity Name: HOWELL HEALTHCARE LLC

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1340 S OCEAN BLVD  
APT 1608  
POMPANO BEACH, FL 33062

## **New Principal Place of Business:**

812 SW FEDERAL HWY  
STUART, FL 34994

## **Current Mailing Address:**

1340 S OCEAN BLVD  
APT 1608  
POMPANO BEACH, FL 33062

## **New Mailing Address:**

812 SW FEDERAL HWY  
STUART, FL 34994

FEI Number: 27-2950136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOWELL, MICHAEL A MD  
1340 S OCEAN BLVD  
POMPANO BEACH, FL 33062 US

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

HOWELL, MICHAEL A MD  
812 SW FEDERAL HWY  
STUART, FL 34994 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:

01/05/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOWELL, MICHAEL A MD  
Address: 812 SW FEDERAL HWY  
City-St-Zip: STUART, FL 34994

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: MICHAEL HOWELL

MGR

01/05/2011

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