

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000068546

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** HEALTHCARE IMPRINT, LLC

**Current Principal Place of Business:**

8550 TOUCHTON RD. #333  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

8550 TOUCHTON RD.  
#333  
JACKSONVILLE, FL 32216 UN

**Current Mailing Address:**

8550 TOUCHTON RD. #333  
JACKSONVILLE, FL 32216

**New Mailing Address:**

8550 TOUCHTON RD.  
#333  
JACKSONVILLE, FL 32216 UN

**FEI Number:** 27-3012418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STIFTER, DAVID  
8550 TOUCHTON RD. #333  
JACKSONVILLE, FL 32216 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: MGR  
Name: STIFTER, DAVID  
Address: 8550 TOUCHTON RD. #333  
City-St-Zip: JACKSONVILLE, FL 32216

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: DAVID STIFTER

ED

01/04/2012

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