

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000071339

FILED
Mar 13, 2012
Secretary of State

Entity Name: HEALTHCARE PROVIDER COMPLIANCE, LLC

Current Principal Place of Business:

4338 HAZEL AVE
A
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

4338 HAZEL AVE
A
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 27-3010409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYER, KEITH E
4338 HAZEL AVE
A
PALM BEACH GARDENS, FL 33410 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: MGRM
Name: BRYER, KEITH E
Address: 4338 HAZEL AVE
City-St-Zip: PALM BEACH GARDENS, FL 33410 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: KEITH E. BRYER

MGRM

03/13/2012

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