

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000072289

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** PRECISION HEALTH CARE NEW LONDON LLC

**Current Principal Place of Business:**

ONE SOUTH OCEAN BLVD.  
SUITE 300  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SOUTH OCEAN BLVD.  
SUITE 300  
BOCA RATON, FL 33432 US

**New Mailing Address:**

**FEI Number:** 27-3099400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIS, GREGORY  
ONE SOUTH OCEAN BLVD.  
SUITE 300  
BOCA RATON, FL 33432 US

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

KAISER, MARC R  
ONE SOUTH OCEAN BLVD.  
SUITE 300  
BOCA RATON, FL 33432 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: MARC R KAISER

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KAISER, MARC R  
Address: ONE SOUTH OCEAN BLVD., SUITE 300  
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGRM  
Name: PRECISION HEALTH CARE, INC.  
Address: ONE SOUTH OCEAN BLVD., SUITE 300  
City-St-Zip: BOCA RATON, FL 33432 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: MARC R. KAISER

MGR

04/29/2011

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