

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000096944

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** STONE COLD HEALTHCARE CONSULTANTS, LLC.

**Current Principal Place of Business:**

9100 S DADELAND BLVD  
SUITE 1500  
MIAMI, FL 33156

**New Principal Place of Business:**

10450 SW 70TH AVE  
MIAMI, FL 33156

**Current Mailing Address:**

10450 S.W. 70TH AVENUE  
MIAMI, FL 33156

**New Mailing Address:**

10450 SW 70TH AVE  
MIAMI, FL 33156

**FEI Number:** 27-3485694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALLEN, SHELLEY  
9100 S DADELAND BLVD  
SUITE 1500  
MIAMI, FL 33156 US

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

HALLEN, SHELLEY  
10450 SW 70TH AVE  
MIAMI, FL 33156 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: SHELLEY HALLEN

03/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HALLEN, SHELLEY  
Address: 10450 SW 70TH AVE  
City-St-Zip: MIAMI, FL 33156

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: SHELLEY HALLEN

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03/09/2011

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