

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000105577

FILED
Feb 25, 2011
Secretary of State

Entity Name: LAKE CITY HEALTH CARE MANAGEMENT, LLC

Current Principal Place of Business:

4875 CASON COVE DRIVE
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

4875 CASON COVE DRIVE
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 27-3650495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAILEY, HARDING & ALLEN, P.A.
15 N. EOLA DRIVE
ORLANDO, FL 32801 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: PARKER, SHELBY
Address: 4875 CASON COVE DRIVE
City-St-Zip: ORLANDO, FL 32811 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: SHELBY T PARKER

MGR

02/25/2011

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