2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2012
Secretary of State

DOCUMENT# L10000105577

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 Statues.

SIGNATURE: SHELBY PARKER MGR 02/08/2012

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