2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# L10000126862

Entity Name: FLAGSHIP HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

24810 BURNT PINE DRIVE
SUITE 3
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

24810 BURNT PINE DRIVE
SUITE 3
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 27-4292862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
115
JACKSONVILLE, FL 32204 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: MEDADMSERVCO
Address: 23850 VIA ITALIA CIRCLE, UNIT 1806
City-St-Zip: BONITA SPRINGS, FL 34134

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: ROBERT W FINE PRES 04/10/2012

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