

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000126862

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**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: MGR  
Name: MEDADMSERVO  
Address: 23850 VIA ITALIA CIRCLE, UNIT 1806  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM  
Name: ROBERT, FINE W  
Address: 23155 COCONUT SHORES DRIVE  
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 Statutes.

SIGNATURE: ROBERT W FINE

PRES

04/11/2012

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