

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000013346

FILED
Feb 16, 2012
Secretary of State

Entity Name: 4201 NEW NOLTE HEALTH SERVICES, LLC

Current Principal Place of Business:

4201 NEW NOLTE ROAD
ST. CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

4201 NEW NOLTE ROAD
ST. CLOUD, FL 34772

New Mailing Address:

P O BOX 11037
MURFREESBORO, TN 37129

FEI Number: 27-4724993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN H. RAINS III, P.A.
501 EAST KENNEDY BLVD
SUITE 750
TAMPA, FL 33602 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: STRAWN, STEVE
Address: 52 RILEY ROAD #381
City-St-Zip: CELEBRATION, FL 34747

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: STEVE STRAWN

MGR

02/16/2012

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