

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000022794

FILED
Apr 27, 2012
Secretary of State

Entity Name: ADVANCED PROVIDER SERVICE NETWORK, LLC

Current Principal Place of Business:

7031 SW 62 AVENUE
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

7031 SW 62 AVENUE
SOUTH MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 45-0641540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA & ASSOCIATES PL
175 SW 7 STREET
SUITE 1714
MIAMI, FL 33130 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: LARKIN COMMUNITY HOSPITAL, INC.
Address: 7031 SW 62 AVENUE
City-St-Zip: SOUTH MIAMI, FL 33143 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: RENE GARCIA

RA

04/27/2012

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