

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000025210

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** VANTAGE HEALTHCARE SOLUTIONS, LLC

**Current Principal Place of Business:**

1939 SUMMERCLUB DRIVE  
301  
OVIEDO, FL 32765

**New Principal Place of Business:**

2170 W. STATE ROAD 434  
SUITE 260  
LONGWOOD, FL 32779

**Current Mailing Address:**

1939 SUMMERCLUB DRIVE  
301  
OVIEDO, FL 32765

**New Mailing Address:**

474 LAKEPARK TRAIL  
OVIEDO, FL 32765

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, CHRISTOPHER  
1939 SUMMERCLUB DRIVE  
301  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

VISHAL, NAGDA  
1939 SUMMERCLUB DRIVE  
301  
OVIEDO, FL 32765 US

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: VISHAL NAGDA

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NAGDA, VISHAL  
Address: 1939 SUMMERCLUB DRIVE  
City-St-Zip: OVIEDO, FL 32765

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: VISHAL NAGDA

MGMR

04/30/2012

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