

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000040129

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** MARZOLA HELATHCARE MANAGEMENT LLC

**Current Principal Place of Business:**

21 LAKESIE WAY  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

21 LAKESIE WAY  
PALM COAST, FL 32137 US

**New Mailing Address:**

**FEI Number:** 32-0364352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARZOLA, MICHELLE  
21 LAKESIDE WAY  
PALM COAST, FL 32137 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: PRES  
Name: MARZOLA, MICHELLE  
Address: 21 LAKESIDE WAY  
City-St-Zip: PALM COAST, FL 32137

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: MICHELLE MARZOLA

PRES

03/07/2012

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