

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000042245

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** CONTINUE HEALTHCARE, L.L.C.

**Current Principal Place of Business:**

833 N. HOMESTEAD BLVD.  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

3400 CORAL WAY  
7TH FL  
MIAMI, FL 33145

**New Mailing Address:**

3400 CORAL WAY  
5TH FL  
MIAMI, FL 33145

**FEI Number:** 45-5563652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE SOLO, CARLOS A  
9703 SOUTH DIXIE HIGHWAY  
SUITE 101  
MIAMI, FL 33156 US

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

DE VERA, JOSEPH  
3400 CORAL WAY  
5TH FLOOR  
MIAMI, FL 33145 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: JOSEPH DE VERA

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MANAGED HEALTHCARE PARTNERS, LLC  
Address: 3400 CORAL WAY, 5TH FLOOR  
City-St-Zip: MIAMI, FL 33145

Title: MGRM  
Name: METRO HEALTH INVESTMENTS LLC  
Address: 15476 NW 77 CT, #292  
City-St-Zip: MIAMI LAKES, FL 33016

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: MANAGED HEALTHCARE PARTNERS, LLC

MGRM

04/24/2012

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