2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2012
Secretary of State

DOCUMENT# L11000044328

Entity Name: HEALTHPLEX HAINES CITY - EB 5 I, LLC

Current Principal Place of Business:

2033 MAIN STREET
SUITE 201
SARASOTA, FL 34237 US

New Principal Place of Business:

2033 MAIN STREET
SUITE 402
SARASOTA, FL 34237 US

Current Mailing Address:

2033 MAIN STREET
SUITE 201
SARASOTA, FL 34237 US

New Mailing Address:

2033 MAIN STREET
SUITE 402
SARASOTA, FL 34237 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPNICK, BRUCE P
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237 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: CIVIX-M-R, LLC
Address: 2033 MAIN STREET, SUITE 402
City-St-Zip: SARASOTA, FL 34237 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 Statues.

SIGNATURE: CIVIX-M-R, LLC MGRM 02/29/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date