2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2012
Secretary of State

DOCUMENT# L11000044790

Entity Name: HAVEN MEDICAL GROUP, LLC

Current Principal Place of Business:

4200 N.W. 90TH BLVD.
GAINESVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

4200 N.W. 90TH BLVD.
GAINESVILLE, FL 32206

New Mailing Address:

FEI Number: 45-2557237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIEGLER, STEVEN M
4300 N.W. 89TH BLVD.
GAINESVILLE, FL 32206 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: NORTH CENTRAL FORIDA HOSPICE INC
Address: 4200 NW 90TH BLVD
City-St-Zip: GAINESVILLE, FL 32606 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: TIMOTHY J BOWEN P 09/14/2012

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