

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000045588

**FILED**  
**Feb 05, 2012**  
**Secretary of State**

**Entity Name:** EPIPHANY HEALTHCARE SOLUTIONS LLC

**Current Principal Place of Business:**

1019 HORSESHOE FALLS DR  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

14254 SAPPHIRE BAY CIR  
ORLANDO, FL 32828 US

**Current Mailing Address:**

1019 HORSESHOE FALLS DR  
ORLANDO, FL 32828 US

**New Mailing Address:**

14254 SAPPHIRE BAY CIR  
ORLANDO, FL 32828 US

**FEI Number:** 45-3058754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINONES, IGNACIO  
1019 HORSESHOE FALLS DR  
ORLANDO, FL 32828 US

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

QUINONES, IGNACIO  
14254 SAPPHIRE BAY CIR  
ORLANDO, FL 32828 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: IGNACIO QUINONES

02/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: QUINONES, IGNACIO  
Address: 14254 SAPPHIRE BAY CIR  
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM  
Name: QUINONES, VERONICA  
Address: 14254 SAPPHIRE BAY CIR  
City-St-Zip: ORLANDO, FL 32828 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 Statutes.

SIGNATURE: IGNACIO QUINONES

MGRM

02/05/2012

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