2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

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Entity Name: BRELADE HEALTHCARE MANAGEMENT, LLC

Current Principal Place of Business:

16664 LUCARNO WAY
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

16664 LUCARNO WAY
NAPLES, FL 34110

New Mailing Address:

FEI Number: 45-2186473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: WILSON, BENJAMIN
Address: 16664 LUCARNO WAY
City-St-Zip: NAPLES, FL 34110

Title: VP
Name: BRIEDE, TREVOR
Address: 2338 IMMOKALEE ROAD #309
City-St-Zip: NAPLES, FL 34110

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: BENJAMIN WILSON MGR 04/30/2012

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