2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2012
Secretary of State

DOCUMENT# L11000059321

Entity Name: FLORIDA HEALTHCARE COLLECTIONS, LLC

Current Principal Place of Business:

3501 S. UNIVERSITY DRIVE
SUITE 10
DAVIE, FL 33328

New Principal Place of Business:

10200 W. STATE ROAD 84
SUITE 107
DAVIE, FL 33324

Current Mailing Address:

3501 S. UNIVERSITY DRIVE
SUITE 10
DAVIE, FL 33328

New Mailing Address:

10200 W. STATE ROAD 84
SUITE 107
DAVIE, FL 33324

FEI Number: 45-3202024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LASRIS, LEE
3501 S. UNIVERSITY DRIVE
SUITE 10
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

LASRIS, LEE
10200 W. STATE ROAD 84
SUITE 106
DAVIE, FL 33324 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: LEE LASRIS 01/30/2012

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HEALTH LAW OFFICE OF JODI LAURENCE, P.A.
Address: 10200 W. STATE ROAD 84, SUITE 106
City-St-Zip: DAVIE, FL 33324

Title: MGRM
Name: HEALTH LAW OFFICE OF LEE LASRIS, P.A.
Address: 10200 W. STATE ROAD 84, SUITE 106
City-St-Zip: DAVIE, FL 33324

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: LEE LASRIS MGMR 01/30/2012

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