

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000059571

FILED
Apr 28, 2012
Secretary of State

Entity Name: PATIENT CONNECT HEALTHCARE CLINIC LLC

Current Principal Place of Business:

6350 CENTRAL AVE
SUITE A
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

6350 CENTRAL AVE
SUITE A
ST. PETERSBURG, FL 33707 US

Current Mailing Address:

6350 CENTRAL AVE
SUITE A
ST. PETERSBURG, FL 33710 US

New Mailing Address:

6350 CENTRAL AVE
SUITE A
ST. PETERSBURG, FL 33707 US

FEI Number: 45-2379231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANSEN, COLETTE
8746 LEONA STREET
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

CONARD, SCOTT W
6350 CENTRAL AVE SUITE A
ST. PETERSBURG, FL 33707 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: SCOTT W. CONARD

04/28/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CONARD, SCOTT W
Address: 6350 CENTRAL AVE. SUITE A
City-St-Zip: ST. PETERSBURG, FL 33707 US

Title: MGRM
Name: BRANNICK, MARY E
Address: 6350 CENTRAL AVE. SUITE A
City-St-Zip: ST. PETERSBURG, FL 33707 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: SCOTT W. CONARD

MGRM

04/28/2012

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