2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 17, 2012
Secretary of State

DOCUMENT# L11000069243

Entity Name: POLK COUNTY ACCOUNTABLE CARE ORGANIZATION LLC

Current Principal Place of Business:

1920 VERANO DRIVE
SUITE 101
HAINES CITY, FL 33844

New Principal Place of Business:

8779 WITTENWOOD COVE
ORLANDO, FL 32836

Current Mailing Address:

P.O. BOX 22156
ORLANDO, FL 32830

New Mailing Address:

8779 WITTENWOOD COVE
ORLANDO, FL 32836

FEI Number: 45-2451698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMALEDDINE, WAEL
8779 WITTENWOOD COVE
ORLANDO, FL 32836 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: JAMALEDDINE, WAEL
Address: 8779 WITTENWOOD COVE
City-St-Zip: ORLANDO, FL 32836

Title: MGRM
Name: JAIN, MANUEL
Address: 105 SOUTH DIXIE DRIVE
City-St-Zip: HAINES CITY, FL 33844

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: WAEL JAMALEDDINE CEO 06/17/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date