

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000075995

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** HEALTHCARE CAPITAL INVESTMENTS, LLC

**Current Principal Place of Business:**

14510 NORTH FLORIDA AVENUE  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

14510 NORTH FLORIDA AVENUE  
TAMPA, FL 33613 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MUSCA, DANIEL G ESQ.  
12004 RACE TRACK ROAD  
TAMPA, FL 33626 US

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

BENNETT, ROBERT  
220 CRYSTAL GROVE BLVD  
LUTZ, FL 33548 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: ROBERT BENNETT

02/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HATCHER, CHRISTOPHER  
Address: 14510 NORTH FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33613 US

Title: MGR  
Name: BENNETT, ROBERT  
Address: 14510 NORTH FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33613 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: ROBERT BENNETT

MGR

02/06/2012

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