

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000088004

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** STRATEGIC HEALTHCARE SERVICE CONSULTING, LLC

**Current Principal Place of Business:**

11104 ACME DRIVE  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

11104 ACME DRIVE  
ORLANDO, FL 32825 US

**New Mailing Address:**

**FEI Number:** 45-2879571

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 US

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

HUTSON, BILLIE J II  
11104 ACME DRIVE  
ORLANDO, FL 32825 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: BILLIE J. HUTSON II

02/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HUTSON, BILLIE J II  
Address: 11104 ACME DRIVE  
City-St-Zip: ORLANDO, FL 32825 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: BILLIE J. HUTSON II

MGRM

02/28/2012

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