

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000100535

Entity Name: MARKHEALTHCARE, II, LLC

FILED
Feb 10, 2012
Secretary of State

Current Principal Place of Business:

3901 CYPRESS LAKE DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

3901 CYPRESS LAKE DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

190 NE 191 ST
MIAMI, FL 33179

FEI Number: 61-1659477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, MICHAEL D
3901 CYPRESS LAKE DRIVE
LAKE WORTH, FL 33467 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: MGR
Name: ALEXANDER, MICHAEL D
Address: 3901 CYPRESS LAKE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM
Name: ALEXANDER, CHERRI F
Address: 3901 CYPRESS LAKE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM
Name: KATZ, RICK
Address: 5856 N.W. 54TH CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM
Name: KATZ, LAURIE
Address: 5856 N.W. 54TH CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33067

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: MICHAEL ALEXANDER

MGRM

02/10/2012

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