

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101617

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** STRATEGIC HEALTHCARE SOLUTIONS - INTERNATIONAL, LLC

**Current Principal Place of Business:**

1052 MONTGOMERY RD  
STE 1071  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

1052 MONTGOMERY RD  
STE 1071  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

PANKOVA, DIANA N ESQ  
2519 MCMULLEN BOOTH RD  
STE 510-309  
CLEARWATER, FL 33761 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: HARTSON, DAVID  
Address: 1217 DASKALOS DR NE  
City-St-Zip: ALBUQUERGUE, NM 87123 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: DAVID HARTSON

MGRM

05/01/2012

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