

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 02, 2012  
Secretary of State**

DOCUMENT# L11000119620

Entity Name: PRINCIPLE HEALTH CARE, LLC

**Current Principal Place of Business:**

935 PROVIDENCE RESERVE LOOP  
APT 102  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

935 PROVIDENCE RESERVE LOOP  
APT 102  
LAKELAND, FL 33805

**New Mailing Address:**

FEI Number: 45-4291741      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301      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: MICHAELS, LISA M  
Address: 935 PROVIDENCE RESERVE LOOP APT 102  
City-St-Zip: TAMPA, FL 33624

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: LISA MICHAELS      MGR      04/02/2012

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