

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000120669

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

**Entity Name:** WHITEROCK HEALTHCARE OF FLORIDA LLC

**Current Principal Place of Business:**

201 CRANDON BLVD. SUITE 302  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

201 CRANDON BLVD. SUITE 302  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 45-3666442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROQUE, TERESITA B  
201 CRANDON BLVD. SUITE 302  
KEY BISCAYNE, FL 33149 US

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

MENENDEZ, CECILIA T  
201 CRANDON BLVD. SUITE 302  
KEY BISCAYNE, FL 33149 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: CECILIA T MENENDEZ

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MENENDEZ, CECILIA T  
Address: 201 CRANDON BLVD. SUITE 302  
City-St-Zip: KEY BISCAYNE, FL 33149

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: CECILIA T. MENENDEZ

P

05/01/2012

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