

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000126804

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

**Entity Name:** CAREVANTAGE MEDICAL CENTERS OF BROWARD AT STIRLING ROAD,LLC

**Current Principal Place of Business:**

6730-A STIRLING RD  
HOLLYWOOD, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

2800 BISCAYNE BLVD  
11TH FLOOR  
MIAMI, FL 33137 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:**

TRANSACTION ADVISORS & CONSULTANTS, LLC  
10261 SW 72ND ST  
C101  
MIAMI, FL FL 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: CAREVANTAGE MEDICAL PARTNERS, LLC  
Address: 2800 BISCAYNE BLVD, 11TH FLOOR  
City-St-Zip: MIAMI, FL 33137 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: ROBERT THORNE MGR 05/01/2012

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