

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000132608

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** MANAGED HEALTHCARE MEDICAL GROUP, LLC

**Current Principal Place of Business:**

103 NW 72ND AVENUE  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

103 NW 72ND AVENUE  
PLANTATION, FL 33317 US

**New Mailing Address:**

**FEI Number:** 45-4366616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TYLER & JACOB CONSULTING GROUP, LLC  
5401 SW 21ST STREET  
HOLLYWOOD, FL 33023 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: BLUNT, LUCINDA E  
Address: 103 NW 72ND AVENUE  
City-St-Zip: PLANTATION, FL 33317 US

Title: MGRM  
Name: BLUNT, CHERISE N  
Address: 103 NW 72ND AVENUE  
City-St-Zip: PLANTATION, FL 33317 US

Title: MGRM  
Name: BLUNT III, WILLIAM H  
Address: 103 NW 72ND AVENUE  
City-St-Zip: PLANTATION, FL 33317 US

Title: MGRM  
Name: COLEMAN, ROVENA  
Address: 9560 WELDON CIRCLE J205  
City-St-Zip: TAMARAC, FL 33321 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: CHERISE N BLUNT

MGRM

04/30/2012

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