

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000139372

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

**Entity Name:** RELIANCE HEALTH GROUP, LLC

**Current Principal Place of Business:**

649 FIFTH AVENUE SOUTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1230 PEACHTREE ST NE  
SUITE 2445  
ATLANTA, GA 30309

**New Mailing Address:**

3669 NORTH PEACHTREE ROAD  
BUILDING 300  
ATLANTA, GA 30341 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CBJ EQUITIES I LLC  
649 FIFTH AVENUE SOUTH  
NAPLES, FL 34102 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: CBJ EQUITIES I, LLC  
Address: 649 FIFTH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

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: MARIA HENTON

MGR

05/01/2012

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