2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2012
Secretary of State

DOCUMENT# L11000143309

Entity Name: ACCOUNTABLE CARE COALITION OF NORTHWEST FLORIDA, LLC

Current Principal Place of Business:

1001 HEATHROW PARK LANE, SUITE 5001
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

1001 HEATHROW PARK LANE, SUITE 5001
LAKE MARY, FL 32746

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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: COLLABORATIVE HEALTH SOLUTIONS, LLC
Address: 4888 LOOP CENTRAL DRIVE, SUITE 700
City-St-Zip: HOUSTON, TX 77081

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 Statues.

SIGNATURE: STEVE L CARLTON A. S 05/17/2012

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