

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000176

FILED  
Feb 21, 2012  
Secretary of State

**Entity Name:** SOUTHEAST ACUTE SERVICES, L.C.

**Current Principal Place of Business:**

7061 CYPRESS ROAD  
SUITE 104  
PLANTATION, FL 33317

**New Principal Place of Business:**

1299 E COMMERCIAL BLVD  
SUITE 200  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

7061 CYPRESS ROAD  
SUITE 104  
PLANTATION, FL 33317

**New Mailing Address:**

1299 E COMMERCIAL BLVD  
SUITE 200  
OAKLAND PARK, FL 33334

**FEI Number:** 65-0660475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURRIER, VICKI  
7061 CYPRESS ROAD  
SUITE 104  
PLANTATION, FL 33317 US

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

BURRIER, VICKI  
1299 E COMMERCIAL BLVD  
SUITE 200  
OAKLAND PARK, FL 33334 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: \_\_\_\_\_

02/21/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KRU MEDICAL VENTURES, LLC  
Address: 1299 E COMMERCIAL BLVD SUITE 200  
City-St-Zip: OAKLAND PARK, FL 33334

Title: MGR  
Name: SPIRA, BRENDA  
Address: 1299 E COMMERCIAL BLVD SUITE 200  
City-St-Zip: OAKLAND PARK, FL 33334

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: SANDRA R MIRANDA

ACCT

02/21/2012

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