

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000000780

**FILED  
Apr 27, 2012  
Secretary of State**

**Entity Name:** SPRINGDALE HEALTH CENTERS LLC

**Current Principal Place of Business:**

2033 MAIN STREET, STE. 300  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

2033 MAIN STREET, STE. 300  
SARASOTA, FL 34234

**New Mailing Address:**

**FEI Number:** 20-0704421      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

FUHRMEISTER, BRIAN E VP  
2033 MAIN STREET, STE. 300  
SARASOTA, FL 34234 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:** SPRINGDALE HEALTH CENTERS, INC.  
**Address:** 2033 MAIN STREET SUITE 200  
**City-St-Zip:** SARASOTA, FL 34237

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: BRIAN FUHRMEISTER      VCFO      04/27/2012

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