

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000583

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** GENOA HEALTHCARE CONSULTING, LLC

**Current Principal Place of Business:**

10210 HIGHLAND MANOR DRIVE  
SUITE 270  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

10210 HIGHLAND MANOR DRIVE  
SUITE 270  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 80-0113353      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** CEO      ( ) Delete  
**Name:** DUPLANTIS, PATRICK J  
**Address:** 10210 HIGHLAND MANOR DRIVE, SUITE 270  
**City-St-Zip:** TAMPA, FL 33610

**ADDITIONS/CHANGES:**

**Title:** PCEO      (X) Change ( ) Addition  
**Name:** DELL'ANNO, DAMIAN  
**Address:** 10210 HIGHLAND MANOR DRIVE, SUITE 270  
**City-St-Zip:** TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAMIAN DELL'ANNO

MGR

05/01/2009

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