

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000583

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

10210 HIGHLAND MANOR DRIVE  
SUITE 270  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

10210 HIGHLAND MANOR DRIVE  
SUITE 270  
TAMPA, FL 33610 US

**New Mailing Address:**

**FEI Number:** 80-0113353

**FEI Number Applied For ( )**

**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: VP  
Name: ANTONIK, TROY  
Address: 800 CONCOURSE PARKWAY SOUTH, SUITE 200  
City-St-Zip: MAITLAND, FL 32751 US

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: TROY ANTONIK

VP

04/30/2012

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