

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000003834

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** MIAMI FACILITY OPERATIONS, LLC

**Current Principal Place of Business:**

800 CONOURSE PARKWAY SOUTH  
SUITE 200  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

800 CONOURSE PARKWAY SOUTH  
SUITE 200  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 20-5112030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASON, SHARON  
800 CONOURSE PARKWAY SOUTH  
SUITE 200  
MAITLAND, FL 32751 US

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: JACQUELINE N. CASPER

04/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CONSULATE HEALTH CARE, LLC  
Address: 800 CONOURSE PARKWAY S., STE. 200  
City-St-Zip: MAITLAND, FL 32751

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: JOSEPH CONTE

P

04/23/2012

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