

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000518

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** HEALTH SYSTEMS INTERNATIONAL OF INDIANA, LLC

**Current Principal Place of Business:**

7300 N. KENDALL DRIVE, SUITE 505  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

5975 CASTLE CREEK PARKWAY, SUITE 100  
INDIANAPOLIS, IN 46250

**New Mailing Address:**

**FEI Number:** 27-0083277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: SHERLOCK, RUSSELL W  
Address: 5975 CASTLE CREEK PARKWAY, SUITE 100  
City-St-Zip: INDIANAPOLIS, IN 46250

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: RUSSELL W SHERLOCK

MGR

01/17/2012

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