

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000535

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** TRELLIS HEALTH MANAGEMENT, LLC

**Current Principal Place of Business:**

2850 W GOLF ROAD  
SUITE 1000  
ROLLING MEADOWS, IL 60008

**New Principal Place of Business:**

**Current Mailing Address:**

2850 W GOLF ROAD  
SUITE 1000  
ROLLING MEADOWS, IL 60008

**New Mailing Address:**

**FEI Number:** 26-1795701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLADYS, JIMENEZ  
3191 CORAL WAY  
SUITE 638  
MIAMI, FL 33145 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: MGRM  
Name: POULOS, MICHAEL J  
Address: 2850 W GOLF ROAD, STE 1000  
City-St-Zip: ROLLING MEADOWS, IL 60008

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: MICHAEL J POULOS

MGRM

05/01/2012

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