

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001588

FILED  
Aug 19, 2010  
Secretary of State

Entity Name: HEALTH CAROUSEL, LLC

**Current Principal Place of Business:**

4500 COOPER ROAD, STE. 101  
CINCINNATI, OH 45242

**New Principal Place of Business:**

**Current Mailing Address:**

4500 COOPER ROAD, STE. 101  
CINCINNATI, OH 45242

**New Mailing Address:**

FEI Number: 20-1601546

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: DEVILLE, JOHN W  
Address: 4500 COOPER ROAD, STE. 101  
City-St-Zip: CINCINNATI, OH 45242

Title: MGR  
Name: KENNEDY, LAWRENCE  
Address: 4500 COOPER ROAD, STE. 101  
City-St-Zip: CINCINNATI, OH 45242

Title: MGR  
Name: NELSON, THEODORE  
Address: 4500 COOPER ROAD, STE. 101  
City-St-Zip: CINCINNATI, OH 45242

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: LAWRENCE KENNEDY

MGR

08/19/2010

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