

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000002400

**FILED**  
**Feb 11, 2012**  
**Secretary of State**

**Entity Name:** HEALTHCARE SERVICES MANAGEMENT COMPANY OF SOUTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

ONE CHASE CORPORATE CENTER  
STE 400  
BIRMINGHAM, AL 35244

**New Principal Place of Business:**

9241 PARK ROYAL DRIVE  
FORT MYERS, FL 33908

**Current Mailing Address:**

ONE CHASE CORPORATE CENTER  
STE 400  
BIRMINGHAM, AL 35244

**New Mailing Address:**

9241 PARK ROYAL DRIVE  
FORT MYERS, FL 33908

**FEI Number:** 26-2708725

**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: MGR  
Name: HARPER, JAMES T  
Address: 9241 PARK ROYAL DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: MGR  
Name: PAGE, DAN B  
Address: 9241 PARK ROYAL DRIVE  
City-St-Zip: FORT MYERS, FL 33908

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: JAMES T HARPER

MNG

02/11/2012

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