

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002689

**Entity Name:** MEI HEALTHCARE CAPITAL, LLC

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11772 WEST SAMPLE ROAD, SUITE 101  
CORAL SPRINGS, FC 33065

**New Principal Place of Business:**

**Current Mailing Address:**

11772 WEST SAMPLE ROAD, SUITE 101  
CORAL SPRINGS, FC 33065

**New Mailing Address:**

**FEI Number:** 20-1844451

**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: MGRM  
Name: ATCHESON, CRAIG  
Address: 2425 NORTH CENTRAL EXPRESSWAY, SUITE 241  
City-St-Zip: RICHARDSON, TX 75080

Title: MGRM  
Name: VERTZ, TIMOTHY  
Address: 2425 NORTH CENTRAL EXPRESSWAY, SUITE 241  
City-St-Zip: RICHARDSON, TX 75080

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: CRAIG ATCHESON

MGRM

01/12/2012

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