

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002189

FILED
Mar 30, 2012
Secretary of State

Entity Name: ADVANCED PATIENT ADVOCACY, LLC

Current Principal Place of Business:

175 ADMIRAL COCHRANE DRIVE, SUITE 403
ANNAPOLIS, MD 21401

New Principal Place of Business:

175 ADMIRAL COCHRANE DR.
SUITE 403
ANNAPOLIS, MD 21401

Current Mailing Address:

175 ADMIRAL COCHRANE DRIVE, SUITE 403
ANNAPOLIS, MD 21401

New Mailing Address:

175 ADMIRAL COCHRANE DR.
SUITE 403
ANNAPOLIS, MD 21401

FEI Number: 52-2274260

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: GRONER, KEVIN
Address: 175 ADMIRAL COCHRANE DR., SUITE 403
City-St-Zip: ANNAPOLIS, MD 21401 US

Title: MGRM
Name: BENNETT, WENDY
Address: 175 ADMIRAL COCHRANE DR., SUITE 403
City-St-Zip: ANNAPOLIS, MD 21401 US

Title: MGRM
Name: WILMOTH, MICHAEL
Address: 175 ADMIRAL COCHRANE DR., SUITE 403
City-St-Zip: ANNAPOLIS, MD 21401 US

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: MANDY.HENDRICKS@WOLTERSKLUWER.COM

POA

03/30/2012

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