

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000003552

Entity Name: DIABETES CARE CLUB, LLC

FILED
Jan 13, 2012
Secretary of State

Current Principal Place of Business:

6840 CAROTHERS PARKWAY, SUITE 600
FRANKLIN, TN 37067 US

New Principal Place of Business:

6840 CAROTHERS PARKWAY
SUITE 600
FRANKLIN, TN 37067 US

Current Mailing Address:

6840 CAROTHERS PARKWAY, SUITE 600
FRANKLIN, TN 37067 US

New Mailing Address:

6840 CAROTHERS PARKWAY
SUITE 600
FRANKLIN, TN 37067 US

FEI Number: 73-1628560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: SIMPLEX HEALTHCARE, INC.
Address: 6840 CAROTHERS PARKWAY, SUITE 600
City-St-Zip: FRANKLIN, TN 37067 US

Title: CEOP
Name: HUDSON, LARSON D
Address: 6840 CAROTHERS PARKWAY, SUITE 600
City-St-Zip: FRANKLIN, TN 37067 US

Title: CFOS
Name: CRAIG, HARTMAN A
Address: 6840 CAROTHERS PARKWAY, SUITE 600
City-St-Zip: FRANKLIN, TN 37067 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: SIMPLEX HEALTHCARE, INC.

MGRM

01/13/2012

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