

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002127

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** CARDON HEALTHCARE NETWORK, LLC

**Current Principal Place of Business:**

4185 TECHNOLOGY FOREST BLVD., SUITE 200  
THE WOODLANDS, TX 77381

**New Principal Place of Business:**

4185 TECHNOLOGY FOREST BLVD  
SUITE 200  
THE WOODLANDS, TX 77381

**Current Mailing Address:**

4185 TECHNOLOGY FOREST BLVD., SUITE 200  
THE WOODLANDS, TX 77381

**New Mailing Address:**

4185 TECHNOLOGY FOREST BLVD  
SUITE 200  
THE WOODLANDS, TX 77381

**FEI Number:** 27-4293790

**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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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:

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CARDON HEALTHCARE HOLDINGS, LLC  
Address: 4185 TECHNOLOGY FOREST BLVD., SUITE 200  
City-St-Zip: THE WOODLANDS, TX 77381

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: BRIAN SHURE

CFO

04/24/2012

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