

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005263

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

**Entity Name:** HEALTHCARE RISK SERVICES, LLC

**Current Principal Place of Business:**

200 S.W. FIRST AVENUE, SUITE 900  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

200 S.W. FIRST AVENUE, SUITE 900  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

75 ISHAM ROAD  
SUITE 420  
WEST HARTFORD, CT 06107

**FEI Number:** 20-1191893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KUTZ, RON  
200 S.W. FIRST AVENUE, SUITE 900  
FORT LAUDERDALE, FL 33301 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: TETREAULT, STEWART  
Address: 200 S.W. FIRST AVENUE, SUITE 900  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: STEWART TETREAULT

MGR

01/11/2012

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