

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005637

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** FOUNDERS HEALTHCARE, L.L.C.

**Current Principal Place of Business:**

2546 W. BIRCHWOOD AVE., SUITE 101  
MESA, AZ 85202

**New Principal Place of Business:**

**Current Mailing Address:**

2546 W. BIRCHWOOD AVE., SUITE 101  
MESA, AZ 85202

**New Mailing Address:**

PO BOX 40700  
MESA, AZ 85274

**FEI Number:** 86-0898663

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVE.  
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: MGR  
Name: SCHEVEN, DAVID  
Address: 2546 W. BIRCHWOOD AVE., SUITE 101  
City-St-Zip: MESA, AZ 85202

Title: MGR  
Name: MARTIN, TOM  
Address: 2546 W. BIRCHWOOD AVE., SUITE 101  
City-St-Zip: MESA, AZ 85202

Title: MGR  
Name: BENN, JAY  
Address: 2546 W. BIRCHWOOD AVE., SUITE 101  
City-St-Zip: MESA, AZ 85202

Title: MGR  
Name: REYNOLDS, JEFFREY  
Address: 2546 W. BIRCHWOOD AVE., SUITE 101  
City-St-Zip: MESA, AZ 85202

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:** DAVID SCHEVEN

MGR

03/26/2012

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