

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000030659

Entity Name: FLORIDA HOSPITAL RISK ALLIANCE, LLC

Current Principal Place of Business:

501 RIVERSIDE AVENUE, STE 1000
JACKSONVILLE, FL 32202

Current Mailing Address:

501 RIVERSIDE AVENUE, STE 1000
JACKSONVILLE, FL 32202

FEI Number: 26-4637477

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WICKER, SMITH, O'HARA, MCCOY & FORD, P.A.
50 N. LAURA ST., SUITE 2700
50 NORTH LAURA STREET, STE. 2700
JACKSONVILLE, FL 32202 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HARDEN & ASSOCIATES, INC.
Address 501 RIVERSIDE AVENUE, SUITE 1000
City-State-Zip: JACKSONVILLE FL 32202

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN KNERR

ALLIANCE MANAGER

04/11/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date