

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035165

FILED
Feb 02, 2009
Secretary of State

Entity Name: 1ST CHOICE HEALTHCARE SERVICES LLC

Current Principal Place of Business:

306 S 10TH ST
HAINES, FL 33844

New Principal Place of Business:

320 S 10TH ST
HAINES CITY, FL 33844

Current Mailing Address:

3373 W. VINE ST
204
KISSIMMEE, FL 34741

New Mailing Address:

320 S 10TH ST
HAINES CITY, FL 33844

FEI Number: 26-2379088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAQUIRAN, DANILO R
3373 WEST VINE ST
204
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

BAQUIRAN, DANILO P
6914 E. WEDGEWOOD AVE
DAVIE, FL 33331 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: DANILO P. BAQUIRAN

02/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAQUIRAN, DANILO
Address: 6914 E. WEDGEWOOD AVE.
City-St-Zip: DAVIE, FL 33331

Title: MGRM () Delete
Name: ARANETA, LUIS MA.
Address: 14731 GRAND COVE DR
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: VALLE, FRANK
Address: 2014 LIVE OAK BLVD
City-St-Zip: ST. CLOUD, FL 34771

Title: MGR () Delete
Name: MARASIGAN, GRACE A
Address: 14823 TWIN MAPLE ST
City-St-Zip: HOUSTON, TX 77082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DANILO P. BAQUIRAN

MGRM

02/02/2009

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