

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035165

FILED
Apr 06, 2012
Secretary of State

Entity Name: 1ST CHOICE HEALTHCARE SERVICES LLC

Current Principal Place of Business:

320 S 10TH ST
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

320 S 10TH ST
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 26-2379088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLE, FRANK E
2014 LIVE OAK BLVD
SAINT CLOUD, FL 34771 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: MGRM
Name: VALLE, FRANK E
Address: 2014 LIVE OAK BLVD
City-St-Zip: ST. CLOUD, FL 34771

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

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: FRANK E. VALLE

MGRM

04/06/2012

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