

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000035165

**Entity Name:** 1ST CHOICE HEALTHCARE SERVICES LLC

**Current Principal Place of Business:**

705 INGRAHAM AVE  
SUITE 8  
HAINES CITY, FL 33844

**Current Mailing Address:**

705 INGRAHAM AVE  
SUITE 8  
HAINES CITY, FL 33844 US

**FEI Number:** 26-2379088

**Certificate of Status Desired:** Yes

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

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

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANK E. VALLE

MGRM

03/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date