

2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANK E. VALLE

MGRM

03/13/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date