

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000107899

**Entity Name:** ASHWINI HEALTHCARE, LLC

**Current Principal Place of Business:**

816 AUTUMN GLEN DRIVE  
MELBOURNE, FL 32940

**Current Mailing Address:**

816 AUTUMN GLEN DRIVE  
MELBOURNE, FL 32940

**FEI Number:** 27-1270450

**Certificate of Status Desired:** No

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

TAYLOR, SUSAN L  
3716 N. WICKHAM RD  
1  
MELBOURNE, FL 32940 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  
Name THIMMEGOWDA, MANASA  
Address 816 AUTUMN GLEN DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title MGRM  
Name SRIKANTAIAH, SHIVAKUMAR  
Address 816 AUTUMN GLEN DRIVE  
City-State-Zip: MELBOURNE FL 32940

*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:** SHIVAKUMAR SRIKANTAIAH

MGRM

03/27/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date