

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000105708

**Entity Name:** SIMONE HEALTH CARE, LLC

**Current Principal Place of Business:**

6791 49TH STREET N  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

6791 49TH STREET N  
PINELLAS PARK, FL 33781 US

**FEI Number:** 90-0621446

**Certificate of Status Desired:** No

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

BOUNEMANY, VIENGKEO  
6791 49TH STREET N  
PINELLAS PARK , FL 33781 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:** VIENGKEO BOUNEMANY

01/12/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            BOUNEMANY, VIENGKEO  
Address        6791 49TH STREET N  
City-State-Zip: PINELLAS PARK FL 33781

Title            VP  
Name            PHAY, CHANTHOU  
Address        6791 49TH STREET N  
City-State-Zip: PINELLAS PARK FL 33781

*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:** VIENGKEO BOUNEMANY

**PRESIDENT**

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date