

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000105708

Entity Name: SIMONE HEALTH CARE, LLC

Current Principal Place of Business:

9365 US HWY 19 N SUITE D
PINELLAS PARK, FL 33782

Current Mailing Address:

9365 US HWY 19 N SUITE D
PINELLAS PARK, FL 33782

FEI Number: 90-0621446

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILAY, VIENGKEO
3932 22ND AVENUE N
ST. PETERSBURG, FL 33713 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	CEO	Title	VP
Name	VILAY, VIENGKEO	Name	PHAY, CHANTHOU
Address	3932 22ND AVE N	Address	3932 22ND AVE N
City-State-Zip:	ST. PETERSBURG FL 33713	City-State-Zip:	ST. PETERSBURG FL 33713

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: VIENGKEO VILAY

CEO

01/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date