

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000077527

**Entity Name:** ONCALL FOR SAFER HEALTHCARE, LLC

**Current Principal Place of Business:**

22 SKINNERS PATH  
MARBLEHEAD , MA 01945

**Current Mailing Address:**

22 SKINNERS PATH  
MARBLEHEAD , MA 01945 US

**FEI Number:** 45-2681196

**Certificate of Status Desired:** No

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

MANTING BREWER, NICHOLAS A  
22215 MELODY LANE  
BROOKSVILLE , FL 34601 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 MGR  
Name MANTING, MICHELE A  
Address 22 SKINNERS PATH  
City-State-Zip: MARBLEHEAD MA 01945

*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:** MICHELE MANTING

**MANAGER**

**04/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date