

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000026242

Entity Name: HALO CARE-ALERT, LLC

Current Principal Place of Business:

5609 US HIGHWAY 19
SUITE C
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5609 US HIGHWAY 19
SUITE C
NEW PORT RICHEY, FL 34652

FEI Number: 45-4615399

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KOULOVARIS, NICHOLAS
6325 GARLAND COURT
NEW PORT RICHEY, FL 34652 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 KIMBLE, HERBERT
Address 1224 HIGHPOINT ROAD
City-State-Zip: MONTGOMERY AL 36109

Title MGRM
Name WAIN, GARY
Address 3913 ERNE STREET
City-State-Zip: PALM HARBOR FL 34683

Title MGRM
Name KOULOVARIS, NICHOLAS
Address 6325 GARLAND COURT
City-State-Zip: NEW PORT RICHEY FL 34652

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: NICHOLAS KOULOVARIS

MGRM

04/08/2013

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date