2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2013
Secretary of State
CC0423302728

DOCUMENT# L12000040145

Entity Name: ALL FAMILY HEALTHCARE, LLC

Current Principal Place of Business:

3930 NOVA RD.
103
PORT ORANGE, FL 32127

Current Mailing Address:

922 TALL PINE DR.
PORT ORANGE, FL 32127 US

FEI Number: 45-5096256

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEYERS, MEREDITH RDC
922 TALL PINE DR.
PORT ORANGE, FL 32127 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	MANAGING MEMBER
Name	MEREDITH, MEYERS R
Address	3930 S NOVA RD
City-State-Zip:	PORT ORANGE FL 32127

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: MEREDITH MEYERS 04/19/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date