

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000070453

Entity Name: 1ST CHOICE HEALTHCARE SOLUTIONS LLC

Current Principal Place of Business:

11182 ROYAL PALM BLVD
CORAL SPRINGS, FL 33065

Current Mailing Address:

11182 ROYAL PALM BLVD
CORAL SPRINGS, FL 33065

FEI Number: 45-5378975

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KASHOU, JASON
11182 ROYAL PALM BLVD
CORAL SPRINGS, FL 33065 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 MANAGER
Name KASHOU, JASON
Address 11182 ROYAL PALM BLVD
City-State-Zip: CORAL SPRINGS FL 33065

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: JASON KASHOU

MANAGER

02/21/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date