

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020390

FILED
Jan 14, 2010
Secretary of State

Entity Name: ANACARE HEALTH SERVICES, PL

Current Principal Place of Business:

931 NO STATE RD 434
SUITE 1201#226
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

380 S.STATE ROAD 434
SUITE 1004-191
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

931 NO STATE RD 434
SUITE 1201#226
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

380 S.STATE ROAD 434
SUITE 1004-191
ALTAMONTE SPRINGS, FL 32714

FEI Number: 82-0544286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEERS, RAYMOND MANGER
931 NO STATE RD 434
SUITE1201 #226
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

HEERS, RAYMOND MANGER
380 S. STATE RD. 434
SUITE 1004-191
ALTAMONTE SPRINGS, FL 32714 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:

01/14/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RACKI, PAUL CRNA
Address: 380 S. STATE RD.\$34 SUITE 1004-191
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information indicated on this 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.

SIGNATURE: RAYMOND HEERS

MGR.

01/14/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date