

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000020390

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** ANACARE HEALTH SERVICES, PL

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
380 S. STATE RD. 434  
SUITE 1004-191  
ALTAMONTE SPRINGS, FL 32714 US

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

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

**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

04/30/2011

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