

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038618

FILED
Jan 11, 2007
Secretary of State

Entity Name: APPLE HEALTH CARE SERVICES LLC

Current Principal Place of Business:

7535 WEST 24TH AVENUE
HIALEAH, FL 33016

New Principal Place of Business:

7535 WEST 24TH AVENUE
SUITE 200
HIALEAH, FL 33016

Current Mailing Address:

7535 WEST 24TH AVENUE
HIALEAH, FL 33016

New Mailing Address:

7535 WEST 24TH AVENUE
SUITE 200
HIALEAH, FL 33016

FEI Number: 20-0325276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, CLARA
7535 WEST 24TH AVENUE
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

HERNANDEZ, CLARA
7535 WEST 24TH AVENUE
SUITE 200
HIALEAH, FL 33016 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: CLARA HERNANDEZ

01/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HERNANDEZ, CLARA
Address: 7535 WEST 24TH AVENUE
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HERNANDEZ, CLARA
Address: 7535 WEST 24TH AVENUE #200
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: CLARA HERNANDEZ

PRES

01/11/2007

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