

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038618

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** APPLE HEALTH CARE SERVICES LLC

**Current Principal Place of Business:**

7535 WEST 24TH AVENUE  
SUITE 200  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

7535 WEST 24TH AVENUE  
SUITE 200  
HIALEAH, FL 33016

**New Mailing Address:**

**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  
SUITE 200  
HIALEAH, FL 33016 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: HERNANDEZ, CLARA  
Address: 7535 WEST 24TH AVENUE #200  
City-St-Zip: HIALEAH, FL 33016

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: CLARA HERNANDEZ

ADM

02/23/2010

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