

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077461

FILED
Apr 24, 2012
Secretary of State

Entity Name: HEALTH CARE SERVICES POOL, LLC

Current Principal Place of Business:

10387 MAIN STREET
SUITE 200
FAIRFAX, VA 22030

New Principal Place of Business:

3989 CHAIN BRIDGE ROAD
FAIRFAX, VA 22030

Current Mailing Address:

10387 MAIN STREET
SUITE 200
FAIRFAX, VA 22030

New Mailing Address:

3989 CHAIN BRIDGE ROAD
FAIRFAX, VA 22030

FEI Number: 20-4775744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSS, BRIAN M ESQ
5010 W. CARMEN STREET
SUITE 2602
TAMPA, FL 33609 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: MGRM
Name: ALLIANCE FOUNDATION OF FLORIDA, INC.
Address: 3989 CHAIN BRIDGE ROAD
City-St-Zip: FAIRFAX, VA 22030

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: JIM S. PURDUM

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04/24/2012

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