

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000018394

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN ACCESS CARE OF FLORIDA, LLC

**Current Principal Place of Business:**

6766 W. SUNRISE BLVD., SUITE 100  
PLANTATION, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

182 INDUSTRIAL RD.  
GLEN ROCK, PA 17327

**New Mailing Address:**

**FEI Number:** 20-4435929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOEL, NAVEEN  
890 GOLDEN CANE DR.  
WESTON, FL 33327 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:** CEO  
**Name:** FIGUEROA, RAYMOND D  
**Address:** 182 INDUSTRIAL RD.  
**City-St-Zip:** GLEN ROCK, PA 17327

**Title:** MGRM  
**Name:** GOEL, NAVEEN  
**Address:** 890 GOLDEN CANE DR.  
**City-St-Zip:** WESTON, FL 33327

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 D. FIGUEROA

CEO

01/05/2010

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