

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021705

FILED
Apr 25, 2011
Secretary of State

Entity Name: RESTIERI HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

18245 NW US HWY 441
HIGH SPRINGS, FL 32643 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 886
HIGH SPRINGS, FL 32655 US

New Mailing Address:

FEI Number: 20-4416514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESTIERI, LAWRENCE T
15506 NW 48TH PLACE
ALACHUA, FL 32615 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: RESTIERI, LAWRENCE T
Address: 15506 NW 48TH PLACE
City-St-Zip: ALACHUA, FL 32615 US

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: LAWRENCE T. RESTIERI

MGRM

04/25/2011

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