2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# L06000049125

Entity Name: AOCA HEALTHCARE, LLC

Current Principal Place of Business:

8927 MAPLE HILL COURT
BOYNTON BEACH, FL 33437

New Principal Place of Business:

5258 LINTON BLVD
301
DELRAY BEACH, FL 33484

Current Mailing Address:

8927 MAPLE HILL COURT
BOYNTON BEACH, FL 33437

New Mailing Address:

5258 LINTON BLVD
301
DELRAY BEACH, FL 33484

FEI Number: 20-4860375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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 ( ) Delete
Name: MARTINEZ, ARISTIDES
Address: 8927 MAPLE HILL COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ST (X) Delete
Name: MARTINEZ, ORISEL
Address: 8927 MAPLE HILL COURT
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ARISTIDES MARTINEZ MGR 01/11/2009

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