

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000049125

**Entity Name:** AOCA HEALTHCARE, LLC

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5258 LINTON BLVD  
301  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5258 LINTON BLVD  
301  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 20-4860375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINEZ, ARISTIDES A MD  
5258 LINTON BLVD  
301  
DELRAY BEACH, FL 33484 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: MARTINEZ, ARISTIDES A MD  
Address: PO BOX 8623  
City-St-Zip: BOYNTON BEACH, FL 33482

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: ARISTIDES MARTINEZ MD

CEO

01/05/2011

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