

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070112

FILED
Feb 01, 2007
Secretary of State

Entity Name: FIRST CHOICE HEALTHCARE LLC

Current Principal Place of Business:

111 NW 183RD ST
110
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

111 NW 183RD ST
110
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 86-1174382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLEGUE, AMELIA
111 NW 183RD ST
110
MIAMI GARDENS, FL 33169 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: DIR () Delete
Name: ALLEGUE, AMELIA
Address: 111 NW 183RD ST #110
City-St-Zip: MIAMI GARDENS, FL 33169

Title: DIR () Delete
Name: PRATTS, YOLANDA
Address: 111 NW 183RD ST #110
City-St-Zip: MIAMI GARDENS, FL 33169

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 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: YOLANDA PRATTS

DIR

02/01/2007

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