

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000100079

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** DC HEALTHCARE, PROFESSIONAL LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

5559-B N. DAVIS HIGHWAY  
PENSACOLA, FL 32503

**New Principal Place of Business:**

5559 N. DAVIS HIGHWAY  
SUITE B  
PENSACOLA, FL 32503

**Current Mailing Address:**

5559-B N. DAVIS HIGHWAY  
PENSACOLA, FL 32503

**New Mailing Address:**

5559 N. DAVIS HIGHWAY  
SUITE B  
PENSACOLA, FL 32503

**FEI Number:** 20-5731251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLOCK, DONALD C JR  
5559-B N. DAVIS HIGHWAY  
PENSACOLA, FL 32503 US

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

CARLOCK, DONALD C JR  
5559 N. DAVIS HIGHWAY  
SUITE B  
PENSACOLA, FL 32503 US

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: \_\_\_\_\_

04/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CARLOCK, DONALD C JR  
Address: 5559-B N. DAVIS HIGHWAY  
City-St-Zip: PENSACOLA, FL 32503

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: DONALD C. CARLOCK JR.

MGRM

04/25/2010

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