

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062162

FILED
Jul 09, 2008
Secretary of State

Entity Name: ADVANCED CARE SOLUTIONS,LLC

Current Principal Place of Business:

69 EQUINE DRIVE
CRAWFORDVILLE, FL 32337 US

New Principal Place of Business:

3295 CRAWFORDVILLE HWY # 4
CRAWFORDVILLE, FL 32337 US

Current Mailing Address:

27 AZALEA DRIVE
UNIT E 13
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

2671 CRAWFORDVILLE HWY
13
CRAWFORDVILLE, FL 32327 US

FEI Number: 26-0336071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EHRISMAN, TERESA M
69 EQUINE DRIVE
CRAWFORDVILLE, FL 32327 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 () Delete
Name: EHRISMAN, TERESA M
Address: 69 EQUINE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: MGRM () Delete
Name: FLOYD, PENNY S
Address: 1222 SHADEVILLE ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: FLOYD, PENNY S
Address: 123 BROKEN BOW TRAIL
City-St-Zip: CRAWFORDVILLE, FL 32327 US

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: TERESA EHRISMAN

MGRM

07/09/2008

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