2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# L07000062773

Entity Name: EQUICARE ALTERNATIVE THERAPY, LLC

Current Principal Place of Business:

38510 MICKLER ROAD
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

38510 MICKLER ROAD
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 26-0303768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIMMERER, DENISE
38510 MICKLER ROAD
DADE CITY, FL 33523 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
Name: ZIMMERER, DENISE
Address: 38510 MICKLER ROAD
City-St-Zip: DADE CITY, FL 33523

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 Statues.

SIGNATURE: D. ZIMMERER MGRM 02/18/2011

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