

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000065462

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** TOTAL FAMILY CARE LLC

**Current Principal Place of Business:**

10743 NARCOOSSEE RD.  
A-11  
ORLANDO, FL 32832

**New Principal Place of Business:**

**Current Mailing Address:**

10743 NARCOOSSEE RD.  
A-11  
ORLANDO, FL 32832

**New Mailing Address:**

**FEI Number:** 26-0403524

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LE, HUGH  
10743 NARCOOSSEE RD. SUITE A-11  
A-11  
ORLANDO, FL 32832 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: LE, HUGH  
Address: 10743 NARCOOSSEE RD. SUITE A-11  
City-St-Zip: ORLANDO, FL 32832

Title: MD  
Name: NGUYEN, MICHELLE M  
Address: 10743 NARCOOSSEE RD. SUITE A-11  
City-St-Zip: ORLANDO, FL 32832

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: HUGH LE

MGRM

04/15/2010

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