

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000073844

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Entity Name:** PRECISION HEALTHCARE GROUP L.L.C.

**Current Principal Place of Business:**

7300 FAIRWAY BLVD  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 245331  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 26-0535844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SERRANO JR, ABRAHAM L MR  
7300 FAIRWAY BLVD  
MIRAMAR, FL 33023 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:** SERRANO JR, ABRAHAM L MR.  
**Address:** 7300 FAIRWAY BLVD  
**City-St-Zip:** MIRAMAR, FL 33023 US

**Title:** MGRM  
**Name:** WILLIAMS, HERMAN MR  
**Address:** 4310 REFLECTION BLVD, APT 104  
**City-St-Zip:** SUNRISE, FL 33351 US

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:** ABRAHAM SERRANO

MGMR

02/05/2010

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