2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079226

Entity Name: LIBRA HEALTHCARE, LLC

FILED Apr 26, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1232 8TH STREET 267 PORT AUGUSTINE CIRCLE DAYTONA BEACH, FL 32117

103

OCOEE, FL 34761

Current Mailing Address: New Mailing Address:

2129 NEW VICTOR ROAD 267 PORT AUGUSTINE CIRCLE

OCOEE, FL 34761 103 OCOEE, FL 34761

FEI Number: 26-0638789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

AGYEN, KOFI AGYEN, KOFI

2129 NEW VICTOR ROAD 267 PORT AUGUSTINE CIRCLE

OCOEE, FL 34761 103 OCOEE, FL 34761 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: 04/26/2010

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM Name: AGYEN, KOFI

Address: 267 PORT AUGUSTINE CIRCLE 103

City-St-Zip: OCOEE, FL 34761

Title: MGRM Name: AGYEN, KOFI

Address: 267 PORT AUGUSTINE CIRCLE 103

City-St-Zip: OCOEE, FL 34761

Title: MGRM AGYEN, KOFI Name:

267 PORT AUGUSTINE CIRCLE 103 Address:

City-St-Zip: OCOEE, FL 34761

Title: MGRM Name: AGYEN, KOFI

267 PORT AUGUSTINE CIRCLE 103 Address:

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Title: MGRM Name: AGYEN, KOFI

267 PORT AUGUSTINE CIRCLE 103 Address:

City-St-Zip: OCOEE, FL 34761

Title: AGYEN, KOFI Name:

Address: 267 PORT AUGUSTINE CIRCLE 103

OCOEE, FL 34761 City-St-Zip:

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: KOFI AGYEN **MGRM** 04/26/2010