## 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079226

Entity Name: LIBRA HEALTHCARE, LLC

FILED Apr 20, 2011 Secretary of State

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

267 PORT AUGUSTINE CIRCLE 11414 CYPRESS BAY STREET

103 CLERMONT, FL 34711 OCOEE, FL 34761

Current Mailing Address: New Mailing Address:

267 PORT AUGUSTINE CIRCLE 11414 CYPRESS BAY STREET

103 CLERMONT, FL 34711 OCOEE, FL 34761

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

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

AGYEN, KOFI
267 PORT AUGUSTINE CIRCLE
103
AGYEN, KOFI
11414 CYPRESS BAY STREET
CLERMONT FL 34711 LIS

103 CLERMONT, FL 34711 US 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: 04/20/2011

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM Name: AGYEN, KOFI

Address: 11414 CYPRESS BAY STREET City-St-Zip: CLERMONT, FL 34711

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Address: 11414 CYPRESS BAY STREET City-St-Zip: CLERMONT, FL 34711

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 04/20/2011

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