

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086773

FILED
Apr 30, 2012
Secretary of State

Entity Name: PCCC OF PORT ORANGE AND ORMOND LLC

Current Principal Place of Business:

6600 MERRYVALE LANE
PORT ORANGE, FL 32128 US

New Principal Place of Business:

Current Mailing Address:

6600 MERRYVALE LANE
PORT ORANGE, FL 32128 US

New Mailing Address:

FEI Number: 26-0767506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AILANI, RAJESH K
6600 MERRYVALE LANE
PORT ORANGE, FL 32128 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: MGR
Name: AILANI, RAJESH K
Address: 6600 MERRYVALE LANE
City-St-Zip: PORT ORANGE, FL 32128 US

Title: MD
Name: THEODOSSIS, ZACHARIS
Address: 1055 N DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MD
Name: REBA, ISAAC
Address: 1055 N DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MD
Name: MARIA, VENTIMILLIA
Address: 1055 N DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MD
Name: CHRISTINA, RHO
Address: 1055 N DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MD
Name: CHRIS, DIBELLO
Address: 1055 N DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: RAJESH AILANI

MD

04/30/2012

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