2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# L08000003778

Entity Name: BEST AMERICAN HEALTH CARE, L.L.C.

Current Principal Place of Business:

8355 NORTHCLIFFE BLVD
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

8355 NORTHCLIFFE BLVD
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 27-0516343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KWARREN, ROBERT W
5393 LEATHER SADDLE LANE
SPRING HILL, FL 34609 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: OSMAN, AYMAN
Address: 8355 NORTHCLIFFE BLVD
City-St-Zip: SPRING HILL, FL 34606

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: AYMAN OSMAN CEO 04/27/2011

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