

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000014911

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** TOTAL ACCESS CARE, LLC.

**Current Principal Place of Business:**

15569 S.W. 112 DRIVE  
MIAMI, FL 33196 US

**New Principal Place of Business:**

7950 N.W. 53RD STREET  
MIAMI, FL 33166 US

**Current Mailing Address:**

15569 S.W. 112 DRIVE  
MIAMI, FL 33196 US

**New Mailing Address:**

**FEI Number:** 26-1945199      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PRYOR, KENNETH M  
15569 S.W. 112 DRIVE  
MIAMI, FL 33196 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:** PRYOR, KENNETH  
**Address:** 15569 S.W. 112 DRIVE  
**City-St-Zip:** MIAMI, FL 33196 US

**Title:** MGRM  
**Name:** CAMAC, SCOTT  
**Address:** 15569 S.W. 112 DRIVE  
**City-St-Zip:** MIAMI, FL 33196 US

**Title:** MGRM  
**Name:** ABOULHOSN, LILIANA  
**Address:** 15569 S.W. 112 DRIVE  
**City-St-Zip:** MIAMI, FL 33196

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:** KENNETH PRYOR

MGRM

02/22/2011

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