

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035165

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** 1ST CHOICE HEALTHCARE SERVICES LLC

**Current Principal Place of Business:**

320 S 10TH ST  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

320 S 10TH ST  
HAINES CITY, FL 33844

**New Mailing Address:**

**FEI Number:** 26-2379088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAQUIRAN, DANILO P  
2485 HERITAGE GREEN AVE  
DAVENPORT, FL 33837 US

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

VALLE, FRANK E  
2014 LIVE OAK BLVD  
SAINT CLOUD, FL 34771 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: FRANK VALLE

04/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BAQUIRAN, DANILO  
Address: 2485 HERITAGE GREEN AVE  
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM  
Name: ARANETA, LUIS MA.  
Address: 14731 GRAND COVE DR  
City-St-Zip: ORLANDO, FL 32837

Title: MGRM  
Name: VALLE, FRANK  
Address: 2014 LIVE OAK BLVD  
City-St-Zip: ST. CLOUD, FL 34771

Title: MGR  
Name: MARASIGAN, GRACE A  
Address: 14823 TWIN MAPLE ST  
City-St-Zip: HOUSTON, TX 77082

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: FRANK VALLE

MGRM

04/08/2011

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