

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000047324

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** ONE CARE SERVICES, LLC

**Current Principal Place of Business:**

4910 40TH STREET NE  
NAPLES, FL 34120 US

**New Principal Place of Business:**

**Current Mailing Address:**

4910 40TH STREET NE  
NAPLES, FL 34120 US

**New Mailing Address:**

**FEI Number:** 61-1568683      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SANCHEZ, JUAN C  
4910 40TH STREET NE  
NAPLES, FL 34120 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: SANCHEZ, JUAN C  
Address: 4910 40TH STREET NE  
City-St-Zip: NAPLES, FL 34120 US

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: JUAN CARLOS SANCHEZ

MGR

04/05/2010

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