

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049386

FILED
Apr 19, 2011
Secretary of State

Entity Name: FAMILY CHOICE HEALTH CARE LLC

Current Principal Place of Business:

431 WEST VINE STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22396
LAKE BUENA VISTA, FL 32830

New Mailing Address:

431 WEST VINE STREET
KISSIMMEE, FL 34741

FEI Number: 26-3973913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIDDIQUI, NASIMUL H
9838 BECKY CYPRESS WAY
ORLANDO, FL 32836 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: SIDDIQUI, NASIMUL H
Address: 9838 BECKY CYPRESS WAY
City-St-Zip: ORLANDO, FL 32836

Title: MGR
Name: ALI, SAMREEN
Address: 9838 BECKY CYPRESS WAY
City-St-Zip: ORLANDO, FL 32836

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: NASIMUL SIDDIQUI

MGRM

04/19/2011

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