

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000062974

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** HEALTHCARES HOPE, LLC

**Current Principal Place of Business:**

80 S HWY 17-92  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 220008  
GLENWOOD, FL 32722

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

ANAYAS, MARC S  
2951A GRAND AVE.  
GLENWOOD, FL 32722 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: ANAYAS, MARCELO R  
Address: 90 GODDARD DR.  
City-St-Zip: DEBARY, FL 32713

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: MARCELO R. ANAYAS, MD

MGRM

04/11/2011

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