

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074241

**FILED**  
**Mar 18, 2009**  
**Secretary of State**

**Entity Name:** TRUE CARE PROFESSIONALS FLA , LLC

**Current Principal Place of Business:**

124 WALNUT HILL ROAD  
DERRY, NH 03038

**New Principal Place of Business:**

1375 GATEWAY BLVD.  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

124 WALNUT HILL ROAD  
DERRY, NH 03038

**New Mailing Address:**

1375 GATEWAY BLVD.  
BOYNTON BEACH, FL 33426

**FEI Number:** 26-3139948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARTINEZ, NELTA  
540 NW 194 TH TERACE  
MIAMI GARDEN, FL 33169 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 ( ) Delete  
Name: ALCIME, JEAN-CLAUDE  
Address: 124 WALNUT HILL ROAD  
City-St-Zip: DERRY, NH 03038

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: ALCIME, JEAN-CLAUDE  
Address: 124 WALNUT HILL ROAD  
City-St-Zip: DERRY, NH 03038

Title: VP ( ) Change (X) Addition  
Name: ALCIME, GUERDA A  
Address: 124 WALNUT HILL ROAD  
City-St-Zip: DERRY, NH 03038

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** JEAN-CLAUDE ALCIME

PRES

03/18/2009

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