

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074241

FILED
Feb 24, 2010
Secretary of State

Entity Name: TRUE CARE PROFESSIONALS FLA , LLC

Current Principal Place of Business:

1375 GATEWAY BLVD.
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

1375 GATEWAY BLVD.
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 26-3139948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

ALCIME, JEAN-CLAUDE
2419 SW SANSOM LN
PORT ST. LUCIE, FL 34953 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: JEAN-CLAUDE ALCIME

02/24/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: ALCIME, JEAN-CLAUDE
Address: 2419 SW SANSOM LN
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP
Name: ALCIME, GUERDA A
Address: 2419 SW SANSOM LN
City-St-Zip: PORT ST. LUCIE, FL 34953

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: JEAN-CLAUDE ALCIME

PRES

02/24/2010

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