

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074241

FILED
Feb 21, 2012
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 (X)

Name and Address of Current Registered Agent:

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

02/21/2012

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