## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078930

Entity Name: GLOBAL HEALTHCARE CHOICE, LLC

**FILED** Sep 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

**12440 NW 15TH STREET** #3206

SUNRISE, FL 33323

**Current Mailing Address: New Mailing Address:** 

**12440 NW 15TH STREET** #3206 SUNRISE, FL 33323 LIS

FEI Number: 26-4480918 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

AMERICAN SAFETY COUNCIL, INC. FLORIDA INCORPORATION SERVICE 5125 ADANSON ST. 5125 ADANSON ST.

SUITE 500 SUITE 500 ORLANDO, FL 32804 US ORLANDO, FL 32804 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: FLORIDA INCORPATION SERVICE 09/06/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change ( ) Addition () Delete KUEHNEL, FERNANDO KUEHNEL, FERNANDO R PRES Name: Name: Address: 12440 NW 15TH STREET #3206 Address: 12440 NW 15TH STREET #3206 City-St-Zip: SUNRISE, FL 33323 US City-St-Zip: SUNRISE, FL 33323 US

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: FERNANDO KUEHNEL **PRES** 09/06/2009