

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000000751

FILED
Apr 01, 2011
Secretary of State

Entity Name: AFFIANCE HEALTH CARE SERVICES, LLC.

Current Principal Place of Business:

5591 CHESTER AVE, STE 105
JACKSONVILLE, FL 33217

New Principal Place of Business:

6015 CHESTER CIRCLE
SUITE 104
JACKSONVILLE, FL 33217

Current Mailing Address:

5591 CHESTER AVE, STE 105
JACKSONVILLE, FL 33217

New Mailing Address:

6015 CHESTER CIRCLE
SUITE 104
JACKSONVILLE, FL 33217

FEI Number: 26-3956728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MANSARAY, HASSAN
5991 CHESTER AVENUE, SUITE 105
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

MANSARAY, HASSAN
6015 CHESTER CIRCLE
SUITE 104
JACKSONVILLE, FL 32217 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: HASSAN MANSARAY

04/01/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MANSARAY, HASSAN
Address: 6015 CHESTER CIRCLE, SUITE 104
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: MGR
Name: MANSARAY, RUGIATU
Address: 6015 CHESTER CIRCLE, SUITE 104
City-St-Zip: JACKSONVILLE, FL 32217 US

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: HASSAN MANSARAY

MR

04/01/2011

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