2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

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Entity Name: PROVIDA HEALTHCARE, LLC

Current Principal Place of Business:

5452 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

New Principal Place of Business:

220 S. RIDGEWOOD AVENUE
STE. 200
DAYTONA BEACH, FL 32114

Current Mailing Address:

PO BOX 730956
ORMOND BEACH, FL 32173

New Mailing Address:

FEI Number: 26-4279140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ABRAHAM, ROBERT
220 S. RIDGEWOOD AVENUE
SUITE 200
DAYTONA BEACH, FL 32114 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
Name: CANTILLO, JULIAN G
Address: PO BOX 730956
City-St-Zip: ORMOND BEACH, FL 32173

Title: MGR
Name: CANTILLO, ILEANA
Address: PO BOX 730956
City-St-Zip: ORMOND BEACH, FL 32173

Title: MGR
Name: CANTILLO, ILEANE
Address: PO BOX 530779
City-St-Zip: MIAMI SHORES, FL 33153

Title: MGR
Name: CANTILLO, NATALY
Address: PO BOX 730956
City-St-Zip: ORMOND BEACH, FL 32173

Title: MGR
Name: CANTILLO, AMANDA
Address: PO BOX 730956
City-St-Zip: ORMOND BEACH, FL 32173

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 Statues.

SIGNATURE: JULIAN G. CANTILLO MGR 04/30/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date