

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000024123

FILED  
Mar 24, 2011  
Secretary of State

**Entity Name:** LIFEFORCE HEALTHCARE, LLC

**Current Principal Place of Business:**

10831 SW 67TH AVE  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 773176  
OCALA, FL 34477

**New Mailing Address:**

FEI Number: 26-4432393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZYLIS, ROBERT  
10831 SW 67TH AVE  
OCALA, FL 33476 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: MGRM  
Name: ZYLIS, ROBERT  
Address: 10831 SW 67TH AVE  
City-St-Zip: Ocala, FL 34476

Title: MGRM  
Name: ZYLIS, JENNIFER J  
Address: 10831 SW 67TH AVE  
City-St-Zip: Ocala, FL 33476

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: ROBERT ZYLIS

MGRM

03/24/2011

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