

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040622

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** ALL ABOUT HEALTHCARE,L.L.C.

**Current Principal Place of Business:**

1001 N. FEDERAL HWY.  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1001 N. FEDERAL HWY.  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 26-4754532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WALD, EARL  
11420 N. KENDALL DRIVE, SUITE 203  
MIAMI, FL 33176 US

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

KANTOR, CHARLES ESQ  
3690 NE 195TH LANE  
AVENTURA, FL 33180 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: CHARLES KANTOR

02/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KANTOR, GREG  
Address: 1001 N. FEDERAL HWY. SUITE 324  
City-St-Zip: HALLANDALE BEACH, FL 33009

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: GREG KANTOR

MGRM

02/21/2011

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