

**2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Nov 08, 2010  
Secretary of State**

DOCUMENT# L09000044172

**Entity Name:** ADMINISTRATION CARE SERVICES, LLC

**Current Principal Place of Business:**

981 SORRENTO DRIVE  
WESTON, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

981 SORRENTO DRIVE  
WESTON, FL 33326 US

**New Mailing Address:**

**FEI Number:** 27-0296674      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MARTINEZ, LUISA  
981 SORRENTO DRIVE  
WESTON, FL 33326 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:** MARTINEZ, LUISA  
**Address:** 981 SORRENTO DRIVE  
**City-St-Zip:** WESTON, FL 33326 US

**Title:** MGR  
**Name:** MARTINEZ, MARIA A  
**Address:** 981 SORRENTO DRIVE  
**City-St-Zip:** WESTON, FL 33326

**Title:** MGR  
**Name:** VILLAPOL, VIANNEY C  
**Address:** 507 BRIDGETON RD  
**City-St-Zip:** WESTON, FL 33326

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: LUISA MARTINEZ      MGR      11/08/2010

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