

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000080746

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** FUTURE HEALTH CARE L.L.C.

**Current Principal Place of Business:**

8147 COPERNICUS WAY,  
SUITE# 101  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

8147 COPERNICUS WAY  
SUITE# 101  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

8147 COPERNICUS WAY,  
SUITE# 101  
NEW PORT RICHEY, FL 34655 US

**FEI Number:** 27-0775431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HASHIM, NEIMAT H PRESIDE  
11710 BELLE HAVEN DR  
NEW PORT RICHEY, FL 34654 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:** NEIMAT, HASHIM  
**Address:** 11710 BELLE HAVEN DRIVE  
**City-St-Zip:** NEW PORT RICHEY, FL 34654 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:** NEIMAT HASHIM

PRES

02/18/2011

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