2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# L09000089869

Entity Name: PRECISION HEALTHCARE SYSTEMS, LLC

Current Principal Place of Business:

6700 S. FLORIDA AVE., STE 25
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

6700 S. FLORIDA AVE., STE 25
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 27-0948840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARRISH & PARRISH CPA'S PA
6700 S. FLORIDA AVE., STE 25
LAKELAND, FL 33813 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: HEBBLETHWAITE, RANDALL L
Address: P.O. BOX 499
City-St-Zip: LITHIA, FL 33547 US

Title: MGRM
Name: KUNDLAS, KULMEET
Address: 110 WYNDHAM DRIVE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: MGRM
Name: SINGH, JAPINDER
Address: 135 FIRST STREET EAST
City-St-Zip: LAKELAND, FL 33805 US

Title: D
Name: PERSAUD, KENNETH
Address: 135 FIRST STREET EAST
City-St-Zip: LAKELAND, FL 33805 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 Statues.

SIGNATURE: RANDALL L. HEBBLETHWAITE MGRM 04/28/2011

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