

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000098900

Entity Name: ALL CARE FAMILY HEALTH, LLC

FILED
Feb 14, 2012
Secretary of State

Current Principal Place of Business:

3822 BROADWAY AVENUE
FT. MYERS, FL 33901

New Principal Place of Business:

22749 N STATE ROAD 7
SUITE E
BOCA RATON, FL 33432 US

Current Mailing Address:

3822 BROADWAY AVENUE
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 27-1109857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOUHEY, KRISTEN J
3822 BROADWAY AVENUE
FT. MYERS, FL 33901 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: TOUHEY, KRISTEN J
Address: 3822 BROADWAY AVENUE
City-St-Zip: FT. MYERS, FL 33901

Title: MGRM
Name: LINDGREN, TODD D
Address: 22749 STATE ROAD 7, SUITE E
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM
Name: GOULET, MICHAEL
Address: 22749 STATE ROAD 7, SUITE E
City-St-Zip: BOCA RATON, FL 33428

Title: MGR
Name: TOUHEY, KEVIN P
Address: 22749 STATE ROAD 7, SUITE E
City-St-Zip: BOCA RATON, FL 33428

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: KRISTEN J TOUHEY

MGMR

02/14/2012

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