

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000101421

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** PACIFIC CARE THERAPY LLC

**Current Principal Place of Business:**

6925 W 17 CT  
HIALEAH, FL 33014 FL

**New Principal Place of Business:**

**Current Mailing Address:**

6925 W 17 CT  
HIALEAH, FL 33014 FL

**New Mailing Address:**

**FEI Number:** 27-1150561      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TOUZAN, TANIA  
6925 W 17 CT  
HIALEAH, FL 33014 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: TOUZAN, TANIA  
Address: 6925 W 17 CT  
City-St-Zip: HIALEAH, FL 33014

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: TANIA TOUZAN

MGRM

01/12/2010

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