2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

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Entity Name: FLORIDA COMPREHENSIVE CARE NETWORK, LLC

Current Principal Place of Business:

1300 N. SEMORAN BLVD., STE 165
ORLANDO, FL 32807 US

New Principal Place of Business:

1300 N SEMORAN BLVD
SUITE 165
ORLANDO, FL 32807 US

Current Mailing Address:

1300 N. SEMORAN BLVD., STE 165
ORLANDO, FL 32807 US

New Mailing Address:

1300 N SEMORAN BLVD
SUITE 165
ORLANDO, FL 32807 US

FEI Number: 27-1480331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANCILIA, JOHN R
1795 WEST NASA BOULEVARD
MELBOURNE, FL 32901 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: MALLAK, LYNN
Address: 1300 N SEMORAN BLVD SUITE 165
City-St-Zip: ORLANDO, FL 32807 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: LYNN MALLAK MGR 04/20/2011

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