2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

DOCUMENT# L10000016224

Entity Name: CHOICE CARE HEALTH SERVICES, LLC

Current Principal Place of Business:

1744 RODEO DR.
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

1744 RODEO DR.
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 27-1894243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OTUONYE, GABRIEL
1744 RODEO DR.
TALLAHASSEE, FL 32311 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: ERONDU, AMAECHI M.D.
Address: 1744 RODEO DR.
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: MGRM
Name: OTUONYE, GABRIEL
Address: 1744 RODEO DRIVE
City-St-Zip: TALLAHASSEE, FL 32311 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: GABRIEL OTUONYE MGRM 05/01/2011

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