

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000022315

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** MORE HEALTH LESS CARE ALLIANCE LLC

**Current Principal Place of Business:**

2171 WINSTON DRIVE  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

2171 WINSTON DRIVE  
COCOA, FL 32926

**New Mailing Address:**

**FEI Number:** 01-0951137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 US

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

RANIERI, WILLIAM A  
2171 WINSTON DRIVE  
COCOA, FL 32926 US

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: WILLIAM RANIERI

01/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RANIERI, WILLIAM A  
Address: 2171 WINSTON DRIVE  
City-St-Zip: COCOA, FL 32926

Title: MGRM  
Name: WEISS, PETER J  
Address: 984 PLACID DRIVE  
City-St-Zip: MELBOURNE, FL 32935

Title: MGRM  
Name: COBB, LINDA  
Address: 450 ROSS AVENUE  
City-St-Zip: MELBOURNE BEACH, FL 32951

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: WILLIAM RANIERI

MGRM

01/19/2011

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