# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 02, 2012**
**Secretary of State**

DOCUMENT# L10000028954

**Entity Name:** COMPLETE SAM HEALTH CARE, LLC

**Current Principal Place of Business:**

1151 N. BLACKWOOD AVE.
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

1151 N. BLACKWOOD AVE.
OCOEE, FL 34761

**New Mailing Address:**

**FEI Number: 05-0585491** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BUCHAN, CHRISTINA ESQ.
8129 CANYON LAKE CIR.
ORLANDO, FL 32835 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: P
Name: RASSAPOUR, SAMIRA
Address: 2710 PARK ROYALE DR
City-St-Zip: WINDERMERE, FL 34786

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: SAMIRA RASSAPOUR P 04/02/2012

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