

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000029795

Entity Name: OUR HEALTHCARES, LLC

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8601 BEACH BLVD  
#1424  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 49040  
JACKSONVILLE, FL 32240 US

**New Mailing Address:**

FEI Number: 27-2150066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORDRAY, CLAUDINE M  
8601 BEACH BLVD  
#1424  
JACKSONVILLE, FL 32216 US

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

CORDRAY, CLAUDINE  
8601 BEACH BLVD  
#1424  
JACKSONVILLE, FL 32216 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: CLAUDINE CORDRAY

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CORDRAY, CLAUDINE  
Address: PO BOX 49040  
City-St-Zip: JACKSONVILLE, FL 32240 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 Statutes.

SIGNATURE: CLAUDINE CORDRAY

MGRM

04/25/2011

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