

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000029795

Entity Name: OUR HEALTHCARES, LLC

FILED
Jan 04, 2012
Secretary of State

Current Principal Place of Business:

8601 BEACH BLVD
#1424
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

323 SAND CASTLE WAY
NEPTUNE BEACH, FL 32266 US

Current Mailing Address:

PO BOX 49040
JACKSONVILLE, FL 32240 US

New Mailing Address:

PO BOX 49040
JACKSONVILLE BEACH, FL 32240 US

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
8601 BEACH BLVD
#1424
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

CORDRAY, CLAUDINE
323 SAND CASTLE WAY
NEPTUNE BEACH, FL 32266 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

01/04/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CORDRAY, CLAUDINE
Address: PO BOX 49040
City-St-Zip: JACKSONVILLE BEACH, 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

MGR

01/04/2012

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