# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Sep 08, 2011**
**Secretary of State**

DOCUMENT# L10000045138

**Entity Name:** AMERE HEALTH SERVICES LLC.

**Current Principal Place of Business:**

10250 SHADOW BRANCH DR.
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

10250 SHADOW BRANCH DR.
TAMPA, FL 33647 US

**New Mailing Address:**

**FEI Number: 01-0962014** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

STEWART, RADCLIFFE O
10250 SHADOW BRANCH DR.
TAMPA, FL 33647 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: MGR
Name: STEWART, RADCLIFFE O
Address: 10250 SHADOW BRANCH DR.
City-St-Zip: TAMPA, FL 33647 US

Title: MGR
Name: STEWART, LURLINE B
Address: 10250 SHADOW BRANCH DR.
City-St-Zip: TAMPA, FL 33647 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: RADCLIFFE STEWART MGR 09/08/2011

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