

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000045138

FILED
Apr 09, 2012
Secretary of State

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 Statutes.

SIGNATURE: RADCLIFFE STEWART

MGR

04/09/2012

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