

# **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