

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000076389

FILED
Mar 05, 2011
Secretary of State

Entity Name: ALLIED PATIENT CARE SOLUTIONS LLC

Current Principal Place of Business:

810 SOUTH STATE ROAD 7
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

810 SOUTH STATE ROAD 7
PLANTATION, FL 33317

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS-PIERRE, SHALIZ
810 SOUTH STATE ROAD 7
PLANTATION, FL 33317 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: MGRM
Name: WILLIAMS-PIERRE, SHALIZ
Address: 810 SOUTH STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

Title: MGRM
Name: CANION, PAULINE V
Address: 810 SOUTH STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

Title: MGRM
Name: PIERRE, JOSEPH
Address: 810 SOUTH STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

Title: MGRM
Name: CANION, MATTHEW
Address: 810 SOUTH STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

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: DAWN RICE

BKPR

03/05/2011

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