

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000086331

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** BACK TO BASICS HEALTHCARE MANAGEMENT SERVICE, LLC

**Current Principal Place of Business:**

1055 KENSINGTON PARK DR. UNIT 211  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

1055 KENSINGTON PARK DR. UNIT 211  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 27-3436337

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ABERNATHY, PAMELA P  
1055 KENSINGTON PARK DR. UNIT 211  
ALTAMONTE SPRINGS, FL 32714 US

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

PALMER, PAMELA P  
1055 KENSINGTON PARK DR. UNIT 211  
ALTAMONTE SPRINGS, FL 32714 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: PAMELA PALMER (LEGAL NAME CHANGE)

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PALMER, PAMELA P  
Address: 1055 KENSINGTON PARK DR. UNIT 211  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: PAMELA PALMER

PRES

04/30/2011

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