2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# L10000087341

Entity Name: ANCIENT CITY HEALTHCARE LLC

Current Principal Place of Business:

720 CHARMWOOD DR
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

720 CHARMWOOD DR
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 27-4022247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYNN, KRISTINE
720 CHARMWOOD DR
ST AUGUSTINE, FL 32086 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: RYNN, KRISTINE
Address: 720 CHARMWOOD DR
City-St-Zip: ST AUGUSTINE, FL 32086

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: KRISTINE RYNN MGRM 04/28/2011

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