

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000087721

FILED
Mar 28, 2011
Secretary of State

Entity Name: AFTERCARE AND RECOVERY NURSE,PLC

Current Principal Place of Business:

1150 WELCH HILL CIRCLE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1150 WELCH HILL CIRCLE
APOPKA, FL 32712

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, KYALAMBOKA P
1150 WELCH HILL CIRCLE
APOPKA, FL 32712 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: KYALAMBOKA TAYLOR, RN, MSN, FCNS
Address: 1150 WELCH HILL CIRCLE
City-St-Zip: APOPKA, FL 32712

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: KYALAMBOKA P. TAYLOR

MRS.

03/28/2011

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