2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

DOCUMENT# L10000087721

Entity Name: AFTERCARE AND RECOVERY NURSE,PLC

Current Principal Place of Business:

1150 WELCH HILL CIRCLE
APOPKA, FL 32712

New Principal Place of Business:

664 SABAL LAKE DRIVE
APT 100
APOPKA, FL 32779

Current Mailing Address:

1150 WELCH HILL CIRCLE
APOPKA, FL 32712

New Mailing Address:

664 SABAL LAKE DRIVE
APT 100
APOPKA, FL 32779

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:

ANDREWS, KYALAMBOKA P
664 SABAL LAKE DRIVE
APT 100
APOPKA, FL 32779 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: KYALAMBOKA P. ANDREWS 04/16/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: KYALAMBOKA ANDREWS, RN, MSN, FCNS
Address: 664 SABAL LAKE DRIVE
City-St-Zip: APOPKA, FL 32779 UN

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: KYALAMBOKA P. ANDREWS MRS. 04/16/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date