2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# L10000105708

Entity Name: SIMONE HEALTH CARE, LLC

Current Principal Place of Business:

8000 SOUTH U.S. HWY. 1
SUITE 302
PORT ST. LUICE, FL 34952

New Principal Place of Business:

Current Mailing Address:

8000 SOUTH U.S. HWY. 1
SUITE 302
PORT ST. LUICE, FL 34952

New Mailing Address:

FEI Number: 90-0621446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VILAY, VIENGKEO
22 ARBOLES DEL NORTE
FORT PIERCE, FL 34951 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: PRES
Name: PHAY, CHANTHOU
Address: 22 ARBOLES DEL NORTE
City-St-Zip: FORT PIERCE, FL 34952

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: VIENGKEO VILAY PRES 01/05/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date