2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# L10000126071

Entity Name: ALLIANCE MEDICAL CARE SUPPLIES, L.L.C.

Current Principal Place of Business:

181 RIVER WALK CIRCLE
SUNRISE, FL 33326

New Principal Place of Business:

4995 NW 72 AVE STE #205
MIAMI, FL 33166

Current Mailing Address:

181 RIVER WALK CIRCLE
SUNRISE, FL 33326

New Mailing Address:

4995 NW 72 AVE STE #205
MIAMI, FL 33166

FEI Number: 27-4721682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESPARRAGOZA, FROILAN M
181 RIVER WALK CIRCLE
SUNRISE, FL 33326 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: MGR
Name: MORALES, FERNANDO
Address: 4995 NW 72 AVENUE #205
City-St-Zip: MIAMI, FL 33166

Title: MGR
Name: MENDEZ, INGRID
Address: 4995 NW. 72ND AV. STE. #205
City-St-Zip: MIAMI, FL 33166

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: MF MGR 04/26/2011

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