

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000128734

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** REGIONS HEALTHCARE SERVICES, LLC.

**Current Principal Place of Business:**

155 NW 96TH TERRACE  
APT 204  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

2629 SW 84TH TERR  
MIRAMAR, FL 33025 US

**Current Mailing Address:**

155 NW 96TH TERRACE  
APT 204  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

2629 SW 84TH TERR  
MIRAMAR, FL 33025 US

**FEI Number:** 27-4300973

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASOH, NJEMNOBI A  
155 NW 96TH TERRACE  
APT 205  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

OBIAGERI, VIVIAN O  
2629 SW 84TH TERR  
MIRAMAR, FL 33025 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: VIVIAN O. OBIAGERI

04/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OBIAGERI, VIVIAN O  
Address: 2629 SW 84TH TERR  
City-St-Zip: MIRAMAR, FL 33025 US

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: VIVIAN O. OBIAGERI

MGRM

04/20/2012

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