

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000131289

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** AMERINET HEALTH CENTER SOUTH DAYTONA LLC

**Current Principal Place of Business:**

305 N. MANGOUSTINE AVE., STE. 100  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

305 N. MANGOUSTINE AVE., STE. 100  
SANFORD, FL 32771

**New Mailing Address:**

2607 S. WOODLAND BLVD  
#264  
DELAND, FL 32720

**FEI Number:** 80-0670958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOLARO, VINCENT J DR.  
65 GODDARD DRIVE  
DEBARY, FL 32713 US

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

BUONASSISSI, MICHAEL V  
2607 S. WOODLAND BLVD  
#264  
DELAND, FL 32720 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: MICHAEL VINCENT BUONASSISSI

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BUONASSISSI, MICHAEL V  
Address: 2607 S. WOODLAND BLVD #264  
City-St-Zip: DELAND, FL 32720 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: MICHAEL VINCENT BUONASSISSI

MGR

04/10/2012

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