

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000008563

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** ON CALL HEALTH CARE SYSTEMS, LLC

**Current Principal Place of Business:**

69 POINTE DR.  
SANTA ROSA BEACH, FLORIDA, 32459 US

**New Principal Place of Business:**

69 POINTE DR.  
SANTA ROSA BEACH, FL 32459 US

**Current Mailing Address:**

69 POINTE DR.  
SANTA ROSA BEACH, FLORIDA, 32459 US

**New Mailing Address:**

69 POINTE DR.  
SANTA ROSA BEACH, FL 32459 US

FEI Number: 61-1656929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DICKSON, KAREN L  
69 POINTE DR.  
SANTA ROSA BEACH, FL 32459 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: MGRM  
Name: DICKSON, KAREN L  
Address: 69 POINTE DR.  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGR  
Name: WILLIAMS, BEVERLY J  
Address: 1145 LANE ALLEN RD.  
City-St-Zip: LEXINGTON, KY 40504 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: KAREN DICKSON

PRES

03/26/2012

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