2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2012
Secretary of State

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Entity Name: ATLANTIC CARE SERVICES, LLC.

Current Principal Place of Business:

800 E. 11TH AVENUE
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1031
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

FLOYD, TRACY S
800 E. 11TH AVENUE
NEW SMYRNA BEACH, FL 32169 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: FLOYD, TRACY S
Address: 800 E. 11TH AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 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 Statues.

SIGNATURE: TRACY S. FLOYD MGRM 02/13/2012

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