

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000078129

FILED
Apr 30, 2012
Secretary of State

Entity Name: ALL ASPECTS HEALTHCARE SERVICES LLC

Current Principal Place of Business:

880 NE 90TH STREET
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

880 NE 90TH STREET
MIAMI SHORES, FL 33138

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:

VENABLE, TRACY E
880 NE 90TH STREET
MIAMI SHORES, FL 33138 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: SMITH, KARLA
Address: 7807 BELLAIRE BLVD
City-St-Zip: HOUSTON, TX 77036

Title: MGRM
Name: SMITH, KWAME
Address: 13210 SW 20TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM
Name: DAWSON, KORANI
Address: 880 NE 90TH STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: MGRM
Name: VENABLE, TRACY E
Address: 1044 E 220TH STREET
City-St-Zip: BRONX, NY 10469

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: TRACY VENABLE

MGRM

04/30/2012

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