

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000084246

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** NATURE COAST WOMENS CARE LLC

**Current Principal Place of Business:**

3771 OVERLOOK DR  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

2473 CARE DR  
SUITE 102  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

3771 OVERLOOK DR  
TALLAHASSEE, FL 32311

**New Mailing Address:**

2473 CARE DR  
SUITE 102  
TALLAHASSEE, FL 32311

**FEI Number:** 45-2800060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OKOROJI, CHUKWUMA M  
3771 OVERLOOK DR  
TALLAHASSEE, FL 32311 US

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

OKOROJI, CHUKWUMA M  
2473 CARE DR  
SUITE 102  
TALLAHASSEE, FL 32308 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: \_\_\_\_\_

03/22/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OKOROJI, CHUKWUMA M  
Address: 2473 CARE DR  
City-St-Zip: TALLAHASSEE, FL 32308

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: CHUKWUMA M OKOROJI

MGRM

03/22/2012

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