

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000138007

Entity Name: ALLCARE OPTIONS, LLC

FILED
Apr 16, 2012
Secretary of State

Current Principal Place of Business:

12271 US HIGHWAY 301 N
PARRISH, FL 34219 US

New Principal Place of Business:

Current Mailing Address:

12271 US HIGHWAY 301 N
PARRISH, FL 34219 US

New Mailing Address:

FEI Number: 45-3999046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK WALTERS, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 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: MGR
Name: MANATEE COUNTY RURAL HEALTH SERVICES, INC.
Address: 12271 US HIGHWAY 301 N
City-St-Zip: PARRISH, FL 34219 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: WALTER L PRESHA

P

04/16/2012

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