2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

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Entity Name: ALL CARE MEDICAL & HEALTH, LLC

Current Principal Place of Business:

2500 N. UNIVERSITY DRIVE
SUITE 3
SUNRISE, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

2500 N. UNIVERSITY DRIVE
SUITE 3
SUNRISE, FL 33322 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

CHRISTINA M. KITTERMAN, PA
530 S. FEDERAL HIGHWAY
SUITE 201
DEERFIELD BEACH, FL 33441 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: TROISE, HOLLY
Address: 2500 N. UNIVERSITY DRIVE, STE3
City-St-Zip: SUNRISE, FL 33322 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: HOLLY TROISE MGR 04/26/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date