

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005022

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN ACCESS CARE OF ORLANDO, LLC

**Current Principal Place of Business:**

920 WINTER STREET  
WALTHAM, MA 02451

**New Principal Place of Business:**

1405 SOUTH ORANGE AVE, SUITE 120  
ORLANDO, FL 32806

**Current Mailing Address:**

920 WINTER STREET  
WALTHAM, MA 02451

**New Mailing Address:**

**FEI Number:** 27-1357783      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** RODGERS, RONALD H JR.  
**Address:** 920 WINTER STREET  
**City-St-Zip:** WALTHAM, MA 02451

**Title:** MGR  
**Name:** VALLE, WILLIAM J  
**Address:** 920 WINTER STREET  
**City-St-Zip:** WALTHAM, MA 02451

**Title:** MGR  
**Name:** FIGUEROA, RAYMOND  
**Address:** 920 WINTER STREET  
**City-St-Zip:** WALTHAM, MA 02451

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: RAYMOND FIGUEROA      MGR      01/06/2012

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