

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000008563

**Entity Name:** ON CALL HEALTH CARE SYSTEMS, LLC

**Current Principal Place of Business:**

69 POINTE DR.  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

69 POINTE DR.  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 61-1656929

**Certificate of Status Desired:** No

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

DICKSON, KAREN L  
69 POINTE DR.  
SANTA ROSA BEACH, FL 32459 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DICKSON, KAREN L  
Address 69 POINTE DR.  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title MGR  
Name WILLIAMS, BEVERLY J  
Address 1145 LANE ALLEN RD.  
City-State-Zip: LEXINGTON KY 40504

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN L. DICKSON

MGRM

02/14/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date