

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000035119

Entity Name: DANIELS PROFESSIONAL CARE MANAGEMENT SERVICES, LLC

FILED
Apr 27, 2014
Secretary of State
CC8359944912

Current Principal Place of Business:

1746 E. SILVER STAR RD.
117
OCOE, FL 34761

Current Mailing Address:

1746 E. SILVER STAR RD.
117
OCOE, FL 34761

FEI Number: 45-4867457

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DANIELS, COLLEEN D
1871 TILLSTREAM DRIVE
ORLANDO, FL 32818 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 MGR
Name DANIELS, COLLEEN D
Address 1746 E SILVER STAR RD SUITE 117
City-State-Zip: OCOE FL 34761

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COLLEEN DANIELS

OWNER

04/27/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date