

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000123900

Entity Name: ALLCARE MEDICAL OF FLORIDA, LLC

Current Principal Place of Business:

3500 W. KING STREET
COCOCA, FL 32926

Current Mailing Address:

330 PELHAM ROAD
BUILDING A, STE. 200
GREENVILLE, SC 29615

FEI Number: 46-3626920

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SLIVA, ONDREJ
3500 W. KING STREET
COCOA, FL 32926 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 SLIVA, ONDREJ
Address 330 PELHAM ROAD, BLD A, STE 200
City-State-Zip: GREENVILLE SC 29615

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: ONDREJ SLIVA

CEO

03/12/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date