2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# L04000075517

Entity Name: FIRST CARE WINTER HAVEN, LLC

Current Principal Place of Business:

2233 MALLORY CIR.
HAINES CITY, FL 33844

New Principal Place of Business:

400 FIRST STREET NORTH
WINTER HAVEN, FL 33881

Current Mailing Address:

2233 MALLORY CIR.
HAINES CITY, FL 33844

New Mailing Address:

400 FIRST STREET NORTH
WINTER HAVEN, FL 33844

FEI Number: 05-0610382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, JAMES K
2233 MALLORY CIR.
HAINES CITY, FL 33844 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/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: LEE, JAMES K
Address: 2233 MALLORY CIRCLE
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: JAMES KHAI LEE MGR 04/20/2005

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