

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000026743

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** TOTAL CARE DIABETES, LLC

**Current Principal Place of Business:**

3720 CURTIS BLVD SUITE 102  
COCOA, FL 32927

**New Principal Place of Business:**

**Current Mailing Address:**

3720 CURTIS BLVD SUITE 102  
COCOA, FL 32927

**New Mailing Address:**

**FEI Number:** 27-2398277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CB&G SERVICES, INC.  
283 CRANES ROOST BLVD STE 165  
ALTAMONTE SPRINGS, FL 32701 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: MYERS, LINDA  
Address: 7190 HARTMAN ST  
City-St-Zip: COCOA, FL 32927

Title: MGRM  
Name: VEAUDRY, SUSAN  
Address: 1390 KILLEARN DR  
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM  
Name: GANEM, JOSEPH  
Address: 156 BELLEAIRE DRIVE  
City-St-Zip: PALM COAST, FL 32137

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: LINDA MYERS

MGR

03/22/2012

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