

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000091147

**FILED  
Jan 19, 2011  
Secretary of State**

**Entity Name:** K'S COMPASSIONATE CARE, LLC

**Current Principal Place of Business:**

6581 WATERFORD CIRCLE  
SUITE 100  
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

6581 WATERFORD CIRCLE  
SUITE 100  
SARASOTA, FL 34238

**New Mailing Address:**

**FEI Number:** 27-3571518      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GUSTAFSON, KATHRYN A  
6581 WATERFORD CIRCLE  
SUITE 100  
SARASOTA, FL 34238 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:** MGMR  
**Name:** GUSTAFSON, KATHRYN A  
**Address:** 6581 WATERFORD CIRCLE SUITE 100  
**City-St-Zip:** SARASOTA, FL 34238

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: KATHRYN GUSTAFSON      MGMR      01/19/2011

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