

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000129196

FILED
May 01, 2012
Secretary of State

Entity Name: COMMUNITY CARE CENTERS LLC

Current Principal Place of Business:

770 PONCE DE LEON BLVD PH
PH SUITE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

770 PONCE DE LEON BLVD PH
PH SUITE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 45-3801245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARDINAS, BENJAMIN A
770 PONCE DE LEON BLVD PH
PH SUITE
CORAL GABLES, FL 33134 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: SARDINAS, BENJAMIN A
Address: 770 PONCE DE LEON BLVD PH SUITE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR
Name: GARCIA, ENRIQUE
Address: 770 PONCE DE LEON BLVD PH SUITE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR
Name: GABELA, GEORGE
Address: 770 PONCE DE LEON BLVD PH SUITE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: MONTES, ROBERT
Address: 770 PONCE DE LEON BLVD PH SUITE
City-St-Zip: CORAL GABLES, FL 33134 US

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: BENJAMIN A SARDINAS

MGRM

05/01/2012

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