

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000001183**

1. Entity Name  
**AMERICARE COMMUNITIES FLORIDA, LLC**



Principal Place of Business  
**4700 EAST JACKSON STREET  
MUNCIE, IN 47303**

Mailing Address  
**4700 EAST JACKSON STREET  
MUNCIE, IN 47303**



07022004 No Chg-LLC

CR2E093 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**47-0903898**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**AMERICARE  
5005 SUN N LAKE BLVD.  
SEBRING, FL 33872**

*Handwritten signature*

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

*Handwritten signature*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**U00000158926  
08/02/04-80003-007 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
HERITAGE MEDICAL GROUP, INC.  
4700 EAST JACKSON STREET  
MUNCIE, IN 47303**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

*Handwritten signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**7/14/04**  
Date

**765-282-9904**  
Daytime Phone #