

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001183

FILED
Jan 13, 2006
Secretary of State

Entity Name: AMERICARE COMMUNITIES FLORIDA, LLC

Current Principal Place of Business:

4700 EAST JACKSON STREET
MUNCIE, IN 47303

New Principal Place of Business:

1400 S. PATRIOT DRIVE
YORKTOWN, IN 47396

Current Mailing Address:

4700 EAST JACKSON STREET
MUNCIE, IN 47303

New Mailing Address:

1400 S. PATRIOT DRIVE
YORKTOWN, IN 47396

FEI Number: 47-0903898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICARE
5005 SUN N LAKE BLVD.
SEBRING, FL 33872 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 () Delete
Name: HERITAGE MEDICAL GRO, UP, INC.
Address: 4700 EAST JACKSON STREET
City-St-Zip: MUNCIE, IN 47303

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HERITAGE MEDICAL GRO, UP, INC.
Address: 1400 S. PATRIOT DRIVE
City-St-Zip: YORKTOWN, IN 47396

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LARRY M. NEW

MGRM

01/13/2006

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