

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001183

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** AMERICARE COMMUNITIES FLORIDA, LLC

**Current Principal Place of Business:**

1400 S. PATRIOT DRIVE  
YORKTOWN, IN 47396

**New Principal Place of Business:**

1836 S. PATRIOT DRIVE  
YORKTOWN, IN 47396

**Current Mailing Address:**

1400 S. PATRIOT DRIVE  
YORKTOWN, IN 47396

**New Mailing Address:**

1836 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:**

NEW, LARRY M  
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: 1400 S. PATRIOT DRIVE  
City-St-Zip: YORKTOWN, IN 47396

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HERITAGE MEDICAL GRO, UP, INC.  
Address: 1836 S. PATRIOT DRIVE  
City-St-Zip: YORKTOWN, IN 47396

I hereby certify that the information supplied with this filing does not qualify 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

MEMB

01/08/2009

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