2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013186

Entity Name: DISABILITY CARE OF FLORIDA, L.L.C.

FILED Apr 16, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

20415 LAKE PATIENCE RD. LAND O' LAKES, FL 34639

Current Mailing Address: New Mailing Address:

P.O. BOX 647 LAND O' LAKES, FL 34639

FEI Number: 59-3733456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TIANTI, JAMUS MOORMAN, EVA
5373 EHRLICH RD. 20415 LAKE PATIENCE RD
#156 LAND O LAKES, FL 34639 US
TAMPA, FL 33625 US

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: EVA MARIE MOORMAN 04/16/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MOORMAN, EILEEN
 Name:

 Address:
 20415 LAKE PATIENCE RD
 Address:

 City-St-Zip:
 LAND O LAKES, FL 34639
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: TIANTI, JAMUS Name: TIANTI, JAMUS

Address: 2339 CYPRESS TRACE CIR. Address: 20009 LAKE UNION HILL WAY
City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ALPHARETTA, GA 30004 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MOORMAN, EILEEN MGRM 04/16/2004