# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 10, 2007**
**Secretary of State**

DOCUMENT# L01000013186

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

**Current Principal Place of Business:**

20415 LAKE PATIENCE RD.
LAND O' LAKES, FL 34638 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

MOORMAN, EVA
20415 LAKE PATIENCE RD
LAND O LAKES, FL 34638 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: MGRM ( ) Delete
Name: MOORMAN, EILEEN
Address: 20415 LAKE PATIENCE RD
City-St-Zip: LAND O LAKES, FL 34638 US

Title: MGRM ( ) Delete
Name: TIANTI, JAMUS
Address: 306 EXECUTIVE COURT
City-St-Zip: ALPHARETTA, GA 30005 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: EILEEN MOORMAN MGRM 04/10/2007

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