

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013186

FILED
Feb 27, 2008
Secretary of State

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: TIANI, 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 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

02/27/2008

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