

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000013186

FILED
Mar 04, 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:**ARCHULETA, CHARLES
30835 ELOIAN DRIVE
WESLEY CHAPEL, FL 33544 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: CHARLES ARCHULETA

03/04/2008

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:** MGRM (X) Change () Addition
Name: MOORMAN, EILEEN
Address: 20415 LAKE PATIENCE RD.
City-St-Zip: LAND O LAKES, FL 34638 US**Title:** MGRM (X) Change () Addition
Name: TIANI, JAMUS
Address: 5130 BAYBERRY DRIVE
City-St-Zip: CUMMING, GA 30040 US

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

03/04/2008

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