## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020063

Entity Name: SENIOR CARE OF CENTRAL FLORIDA, LLC

FILED Jan 14, 2008 Secretary of State

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

3385 CHATSWORTH LN.
ORLANDO, FL 32812 US
3201 OAKSTAND LN
ORLANDO, FL 32812 US

Current Mailing Address: New Mailing Address:

SENIOR CARE OF CENTRAL FLORIDA
3385 CHATSWORTH LN.
ORLANDO, FL 32812 US
SENIOR CARE OF CENTRAL FLORIDA
3201 OAKSTAND LN.
ORLANDO, FL 32812 US

FEI Number: 80-0024861 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:

FULLER, KIMBERLY
3385 CHATSWORTH LN.
ORLANDO, FL 32812 US
FULLER, KIMBERLY
3201 OAKSTAND LN.
ORLANDO, FL 32812 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: 01/14/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

 Name:
 FULLER, KIMBERLY
 Name:
 FULLER, KIMBERLY

 Address:
 3385 CHATSWORTH LN.
 Address:
 3201 OAKSTAND LN.

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:
 ORLANDO, FL 32812

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: KIMBERLY FULLER PRES 01/14/2008