

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020389

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** ONGOING CARE SOLUTIONS COSTA RICA, L.L.C.

**Current Principal Place of Business:**

6545-44TH STREET NORTH  
UNIT 4007  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

6545-44TH STREET NORTH  
UNIT 4007  
PINELLAS PARK, FL 33781

**New Mailing Address:**

**FEI Number:** 59-3756795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILKINSON, G. BARRY  
696 FIRST AVENUE NORTH, SUITE 201  
ST. PETERSBURG, FL 33701 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  
Name: LEE, LINDA  
Address: 942 GALLITON WAY  
City-St-Zip: PALM HARBOR, FL 34684

I hereby 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: G. BARRY WILKINSON

RA

01/04/2012

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