

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 30, 2012  
Secretary of State**

DOCUMENT# L02000017696

Entity Name: WEST DIXIE CARE, LLC

**Current Principal Place of Business:**

16650 WEST DIXIE HIGHWAY  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 546752  
SURFSIDE, FL 33154

**New Mailing Address:**

FEI Number: 41-2051646      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CT CORPORATION  
1200 S. PINE ISLAND ROAD  
SUITE 250  
PLANTATION, FL 33324 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: MGR  
Name: WEST DIXIE CARE, LLC  
Address: 16650 WEST DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33161

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: WEST DIXIE CARE, LLC\*      MGR      04/30/2012

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