

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90287 027 \*\*\*\*50.00

|  |   |                                 |   |  |   |
|--|---|---------------------------------|---|--|---|
| <b>DOCUMENT # L02000024353</b>   |   |                                 |   |  |   |
| <b>1. Entity Name</b><br>NP CARE, LLC  |   |                                 |   |  |   |
| <b>Principal Place of Business</b><br>318 UNDIAN TRACE #151<br>WESTON, FL 33326  |   |                                 | <b>Mailing Address</b><br>318 UNDIAN TRACE #151<br>WESTON, FL 33326 |  |   |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>       |   |  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.             |   |  |   |
| City & State   |   | City & State                    |   | 03262004    Chg-LLC    CR2E083 (10/03)   |   |
| Zip  |   | Country                         |   | <b>4. FEI Number</b><br>02-0644811   |   |
| Zip  |   | Country                         |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |
| <b>6. Name and Address of Current Registered Agent</b>   |   |                                 |   | <b>7. Name and Address of New Registered Agent</b>   |   |
| CHESSE, ROBERT<br>420 MONTCLAIRE DRIVE<br>WESTON, FL 33326   |   |                                 |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                     |   |
| FL   |   |                                 |   | Zip Code   |   |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>   |   |                                 |   |  |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |   |                                 |   |  |   |
| <b>Filing Fee is \$50.00 Due by May 1, 2004</b>  |   |                                 | <b>Make check payable to Florida Department of State</b>            |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |                                 | <b>10. ADDITIONS/CHANGES</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>CHESSE, DAVID<br>1990 ELM ST<br>STRATFORD, CT 06615 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>PENTY, VINCENT<br>24 NE GATE DR<br>OXFORD, CT 06478 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PENRY, VINCENT<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                             | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                             | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                             | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                             | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b> |   |                                 |   |  |   |
| <b>SIGNATURE:</b> <i>Robert A Chess</i>  |   |                                 |   | 3/26/04    954-978-4074  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |                                 |   | Date    Daytime Phone #  |   |