

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024353

Entity Name: NP CARE, LLC

FILED
Apr 01, 2005
Secretary of State

Current Principal Place of Business:

318 UNDIAN TRACE #151
WESTON, FL 33326

New Principal Place of Business:

318 INDIAN TRACE #151
WESTON, FL 33326

Current Mailing Address:

318 UNDIAN TRACE #151
WESTON, FL 33326

New Mailing Address:

318 INDIAN TRACE #151
WESTON, FL 33326

FEI Number: 02-0644811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESS, ROBERT
420 MONTCLAIRE DRIVE
WESTON, FL 33326 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/MEMBERS:

Title: MGRM () Delete
Name: CHESS, DAVID
Address: 1990 ELM ST
City-St-Zip: STRATFORD, CT 06615

Title: MGRM () Delete
Name: PENRY, VINCENT
Address: 24 NE GATE DR
City-St-Zip: OXFORD, CT 06478

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT CHESS

MGR

04/01/2005

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