# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 11, 2006**
**Secretary of State**

DOCUMENT# L02000024353

**Entity Name:** NP CARE, LLC

**Current Principal Place of Business:**

318 INDIAN TRACE #151
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

318 INDIAN TRACE #151
WESTON, FL 33326

**New Mailing Address:**

**FEI Number: 02-0644811** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**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/MANAGERS:**

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 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: ROBERT CHESS MGRM 05/11/2006

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