

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034765

FILED
May 01, 2007
Secretary of State

Entity Name: FI-CARROLLWOOD CARE, LLC

Current Principal Place of Business:

15002 HUTCHINSON RD
TAMPA, FL 33625

New Principal Place of Business:

15002 HUTCHINSON RD
TAMPA, FL 33625 US

Current Mailing Address:

100 2ND AVE S
STE 901 SOUTH
ST PETERSBURG, FL 33701

New Mailing Address:

100 2ND AVE S
STE 901 SOUTH
ST PETERSBURG, FL 33701 US

FEI Number: 32-0051414 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:

SPECTOR GADON & ROSEN, LLP
360 CENTRAL AVENUE, SUITE 1550
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: MGR () Delete
Name: MADONNA, HARRY DILLON
Address: 360 CENTRAL AVE STE 1550
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGR () Delete
Name: ADMINISTRATOR,
Address: 15002 HUTCHINSON RD
City-St-Zip: TAMPA, FL 33625

Title: MGR () Delete
Name: DIRECTOR OF NURSING,
Address: 15002 HUTCHINSON RD
City-St-Zip: TAMPA, FL 336257238

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MADONNA, HARRY DILLON
Address: 360 CENTRAL AVE STE 1550
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: MGR (X) Change () Addition
Name: ADMINISTRATOR,
Address: 15002 HUTCHINSON RD
City-St-Zip: TAMPA, FL 33625 US

Title: MGR (X) Change () Addition
Name: DIRECTOR OF NURSING,
Address: 15002 HUTCHINSON RD
City-St-Zip: TAMPA, FL 33625 US

I hereby certify that the information supplied with this filing does not qualify 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: HARRY DILLON MADONNA

MGR

05/01/2007

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