


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90316 045 ***138.75

DOCUMENT # L02000034765			
1. Entity Name FI-CARROLLWOOD CARE, LLC			
Principal Place of Business 15002 HUTCHINSON RD TAMPA, FL 33625 US		Mailing Address 100 2ND AVE S STE 901 SOUTH ST PETERSBURG, FL 33701 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o 100 Second Ave S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 901 South	
City & State		City & State St. PETERSBURG, FL	
Zip	Country	Zip	Country
		33701	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVENUE, SUITE 1550 ST. PETERSBURG, FL 33701		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONNA, HARRY DILLON 360 CENTRAL AVE STE 1550 ST PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADMINISTRATOR 15002 HUTCHINSON RD TAMPA, FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIRECTOR OF NURSING 15002 HUTCHINSON RD TAMPA, FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

60046000



03212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 32-0051414 ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required