

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034779

FILED
Apr 24, 2009
Secretary of State

Entity Name: FI-CAPE CORAL, LLC

Current Principal Place of Business:

2629 DEL PRADO BLVD
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

100 SECOND AVENUE SOUTH
SUITE 901S
ST PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 32-0051412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 US

Title: MGR () Delete
Name: ADMINISTRATOR
Address: 2629 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGR () Delete
Name: DIRECTOR OF NURSING
Address: 2629 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904 US

ADDITIONS/CHANGES:

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

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 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 04/24/2009

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