2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 21, 2008 8:00 am Secretary of State **DOCUMENT #L02000034806** 04-21-2008 90316 011 ***138.75 FI-TIŤUSVILLE, LLC Principal Place of Business Mailing Address **6004600** 1705 JESS PARRISH COURT 100 2ND AVE S TITUSVILLE, FL 32796 STE 901 SOUTH ST PETERSBURG, FL 33701 2. Principal Place of Business - No P.O. Box # 3. Mailing Address C/0 100 S Suite, Apt. #, etc. Suite, Apt. #, etc. 03212008 Cha-LLC CR2E083 (12/06) Sutte City & State City & State 4. FEI Number Applied For DA PETERS 32-0051448 Not Applicable Price. Zip Country Country \$5.00 Additional 5. Certificate of Status Desired । अस्टिट Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPECTOR GADON & ROSEN, LLP Street Address (P.O. Box Number is Not Acceptable) 360 CENTRAL AVENUE, SUITE 1550 ST. PETERSBURG, FL 33701 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$138.75 / Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE ☐ Addition ☐ Chance NAME MADONNA, HARRY DILLON NAME STREET ADDRESS 360 CENTRAL AVE STE 1550 STREET ADDRESS ST PETERSBURG, FL 33701 CITY-ST-ZIP CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition ADMINISTRATOR NAME NAME 1705 JESS PARRISH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32796 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change ☐ Addition DIRECTOR OF NURSING NAME NAME STREET ADDRESS 4705 JESS PARRISH COURT STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL. 327967238 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

THIS ASSUME HARRY DILLON MADO D OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #