

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034844

**FILED**  
**Feb 03, 2009**  
**Secretary of State**

**Entity Name:** THEREX CARE, LLC

**Current Principal Place of Business:**

1940 HARBOR LANE  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

715 DEVON RD  
VENICE, FL 34293 US

**New Mailing Address:**

**FEI Number:** 02-0705372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

MICHIELS, LUC H  
715 DEVON RD  
VENICE, FL 34293 US

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:** LUC MICHIELS

02/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** MICHIELS, LUC H  
**Address:** 715 DEVON RD  
**City-St-Zip:** VENICE, FL 34293 US

**ADDITIONS/CHANGES:**

**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:** LUC MICHIELS

MGR

02/03/2009

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