

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000009509

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** ORANGE PARK EXTENDED CARE LLC

**Current Principal Place of Business:**

1125 FLEMING PLANTATION BLVD.  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

1125 FLEMING PLANTATION BLVD.  
ORANGE PARK, FL 32003

**New Mailing Address:**

**FEI Number:** 20-0739986

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCORP SERVICES, INC  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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  
**Name:** DVAR TOVE, LLC  
**Address:** 12221 WEST DIXIE HIGHWAY  
**City-St-Zip:** NORTH MIAMI, FL 33161

I hereby 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: MORRIS ESFORMES

MGR

04/18/2011

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