

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009831

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** ABBIEJEAN RUSSELL CARE CENTER, LLC

**Current Principal Place of Business:**

700 S. 29TH STREET  
FORT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LOUISE T. JEROSLOW, ESQ.  
6075 SUNSET DRIVE, SUITE 201  
MIAMI, Q 33143

**New Mailing Address:**

**FEI Number:** 06-1684350      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

JEROSLOW, LOUISE T  
6075 SUNSET DRIVE  
SUITE 201  
MIAMI, FL 33143 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: MGRM  
Name: FANNIN, DEBORAH D  
Address: 2855 REGAL PINE TRAIL  
City-St-Zip: OVIEDO, FL 32766

Title: MGRM  
Name: GONZALEZ, MARIA E  
Address: 1835 N.E. MIAMI GARDENS DRIVE 167  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: MARIA E GONZALEZ

CFO

04/12/2011

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