

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031476

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** BEST CARE OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

155 LAKESIDE WEST DR.  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

**Current Mailing Address:**

155 LAKESIDE WEST DR.  
PORT ORANGE, FL 32128

**New Mailing Address:**

FEI Number: 20-0164066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEORE, JOHN P SR.  
155 LAKESIDE WEST DR.  
PORT ORANGE, FL 32128 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: FEORE, JOHN P SR.  
Address: 155 LAKESIDE WEST DR.  
City-St-Zip: PORT ORANGE, FL 32128

**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 for the exemption stated in Section 119.07(3)(i), 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: JOHN FEORE SR.

MANG

04/30/2004

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