


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2007 8:00 am
Secretary of State

08-15-2007 90025 026 ****50.00

DOCUMENT # L03000040920	
1. Entity Name FLORIDA FAMILY RURAL HEALTH CARE, LLC	

Principal Place of Business 2398 BEACH DRIVE AVON PARK, FL 33825	Mailing Address 2398 BEACH DRIVE AVON PARK, FL 33825
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 1356
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Frostproof, FL	City & State Frostproof, FL
Zip 33843	Country USA

60034773



08022007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0560620	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KARR, RUTH A 2398 BEACH DRIVE AVON PARK, FL 33825		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Ruth A. Karr</i>	DATE 8/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KARR, MICHAEL 2398 BEACH DRIVE AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <i>Michael R. Karr</i>	Date: 8/8/07	Daytime Phone #: 863 453-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING-MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

Call 863-447-0870