

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040920

FILED
Aug 04, 2009
Secretary of State

Entity Name: FLORIDA FAMILY RURAL HEALTH CARE, LLC

Current Principal Place of Business:

2398 BEACH DRIVE
AVON PARK, FL 33825

New Principal Place of Business:

2398 HARTFORD DRIVE
AVON PARK, FL 33825

Current Mailing Address:

PO BOX 1356
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 20-0560620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KARR, RUTH A
2398 BEACH DRIVE
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

KARR, RUTH A
2398 HARTFORD DRIVE
AVON PARK, FL 33825 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: _____

08/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KARR, MICHAEL
Address: 2398 BEACH DRIVE
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KARR, MICHAEL
Address: 2398 HARTFORD DRIVE
City-St-Zip: AVON PARK, FL 33825

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: RUTH A KARR

MGR

08/04/2009

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