

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040920

FILED
Mar 30, 2010
Secretary of State

Entity Name: FLORIDA FAMILY RURAL HEALTH CARE, LLC

Current Principal Place of Business:

2398 HARTFORD DRIVE
AVON PARK, FL 33825

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

KARR, RUTH A
2398 HARTFORD DRIVE
AVON PARK, FL 33825 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: KARR, MICHAEL
Address: 2398 HARTFORD DRIVE
City-St-Zip: AVON PARK, FL 33825

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: MICHAEL KARR

MGR

03/30/2010

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