

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050994

FILED
Apr 10, 2008
Secretary of State

Entity Name: PRIME CARE OF PALM BEACH P.L.

Current Principal Place of Business:

3199 LAKE WORTH ROAD
B4
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

11852 OSPREY POINTE CIR
WELLINGTON, FL 334678369

New Mailing Address:

FEI Number: 80-0084654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELPEDES, FELIX S JR
11852 OSPREY POINTE CIR
WELLINGTON, FL 334678369 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 () Delete
Name: ELPEDES, FELIX S
Address: 3199 LAKE WORTH ROAD B4
City-St-Zip: LAKE WORTH, FL 33461 US

Title: MGR () Delete
Name: ELPEDES, ROSIE NEL R
Address: 3199 LAKE WORTH ROAD B4
City-St-Zip: LAKE WORTH, FL 33461 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FELIX S ELPEDES JR

MGR

04/10/2008

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