

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050994

FILED
Apr 13, 2009
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:

11852 OSPREY POINTE CIR
WELLINGTON, FL 334498369

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:

ELPEDES, FELIX S JR
11852 OSPREY POINTE CIR
WELLINGTON, FL 334498369 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: _____

04/13/2009

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

04/13/2009

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