FILED
Mar 10, 2005 8:00 am
Secretary of State
02-03-2005 90113 014 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

2

DOCUMENT # L04000011385

1. Entity Name
POSITIVE CARE REHABILITATION THERAPIES, LLC

3000110-

Principal Place of Business	Mailing Address
~~5823 26TH STREET WEST~~ ~~BRADENTON, FL 34207~~ US 502 5th Ave DR E Bradenton Fl 34208	~~5823 26TH STREET WEST~~ ~~BRADENTON, FL 34207~~ US 502 5th Ave DR E Bradenton Fl 34208
2. Principal Place of Business: 502 5th Ave Dr E	3. Mailing Address: 502 5th Ave Dr E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton FL	City & State: Bradenton FL
Zip: 34208-2006 Country: Manatee	Zip: 34208-2006 Country: Manatee

01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number 88-0449244 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDONALD, HERMA W 758 GATES CREEK RD BRADENTON, FL 34202	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCDONALD, HERMA 758 GATES CREEK RD BRADENTON, FL 34202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	502 5th Ave DR E BradeNTON Fl 34208	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELDON, OLIVE 3508 28TH ST. E. BRADENTON, FL 342087308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Herma McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #