

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019113

Entity Name: THERICARE, LLC

**FILED**  
**Jan 03, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

3814 KINSLEY PLACE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

3814 KINSLEY PLACE  
WINTER PARK, FL 32792

**New Mailing Address:**

FEI Number: 14-1920238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PORTER, BRUCE A  
3814 KINSLEY PLACE  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

PORTER, MARY ANN  
3814 KINSLEY PLACE  
WINTER PARK, FL 32792 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: MARY ANN PORTER

01/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PORTER, BRUCE A  
Address: 3814 KINSLEY PLACE  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PORTER, MARY ANN  
Address: 3814 KINSLEY PLACE  
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY ANN PORTER

MRS

01/03/2007

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