

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032965

FILED
Mar 11, 2008
Secretary of State

Entity Name: PERSONAL CARE MANAGEMENT SERVICES OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

1112 GOODLETTE RD SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

NAPLES NURSING MANAGEMENT SERVICES, LLC
1112 GOODLETTE RD., SUITE 201
NAPLES, FL 34102

New Mailing Address:

1112 GOODLETTE RD SUITE 201
NAPLES, FL 34102

FEI Number: 20-1098442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

TALANO, JAMES J
1112 GOODLETTE RD.
SUITE 201
NAPLES, FL 34102 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: JAMES J. TALANO

03/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TALANO, JAMES
Address: 1112 GOODLETTE RD., SUITE 201
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TALANO, JAMES J
Address: 1112 GOODLETTE RD., SUITE 201
City-St-Zip: NAPLES, FL 34102

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: JAMES J. TALANO

MGRM

03/11/2008

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