

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035839

Entity Name: ZENCARE, LLC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

911 SOUTH DAKOTA AVENUE
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10596
TAMPA, FL 33679 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUNCHELL, CHARLES A
911 SOUTH DAKOTA AVENUE
TAMPA, FL 33606 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/MEMBERS:

Title: MGR () Delete
Name: HOUNCHELL, CHARLES A
Address: 911 SOUTH DAKOTA AVENUE
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM () Delete
Name: GAY, STEPHEN G
Address: 911 SOUTH DAKOTA AVENUE
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM () Delete
Name: LYNCH, BARBARA C
Address: 911 SOUTH DAKOTA AVENUE
City-St-Zip: TAMPA, FL 33606 US

ADDITIONS/CHANGES:

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

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 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 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: CHARLES A. HOUNCHELL

MGR

04/27/2005

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