

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075517

**FILED**  
**Mar 21, 2009**  
**Secretary of State**

**Entity Name:** FIRST CARE WINTER HAVEN PLLC

**Current Principal Place of Business:**

400 FIRST STREET NORTH  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

400 FIRST STREET NORTH  
WINTER HAVEN, FL 33881

**New Mailing Address:**

FEI Number: 05-0610382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEE, JAMES K  
2233 MALLORY CIR.  
HAINES CITY, FL 33844 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEE, JAMES K  
Address: 2233 MALLORY CIRCLE  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES:**

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: JAMES K LEE

MGR

03/21/2009

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