

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078995

FILED
Feb 26, 2008
Secretary of State

Entity Name: PERFECT HEALTHCARE OF FT. PIERCE, L.L.C.

Current Principal Place of Business:

1550 NORTH LAWNWOOD CIRCLE
FT. PIERCE, FL 34950

New Principal Place of Business:

3727 SE OCEAN BLVD.
#200
SEWALLS POINT, FL 34996

Current Mailing Address:

1550 NORTH LAWNWOOD CIRCLE
FT. PIERCE, FL 34950

New Mailing Address:

3727 SE OCEAN BLVD.
#200
SEWALLS POINT, FL 34996

FEI Number: 20-1817869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, KENNETH A
2400 S.E. FEDERAL HIGHWAY
FOURTH FLOOR
STUART, FL 34994 US

Name and Address of New Registered Agent:

LUNDSTROM, CHRISTOPHER M
3727 SE OCEAN BLVD
#200
SEWALLS POINT, FL 34996 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: CHRISTOPHER M LUNDSTROM

02/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LUNDSTROM, CHRISTOPHER M
Address: 1550 NORTH LAWNWOOD CIRCLE
City-St-Zip: FT. PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUNDSTROM, CHRISTOPHER M
Address: 3727 SE OCEAN BLVD., #200
City-St-Zip: SEWALLS POINT, FL 34996

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: CHRISTOPHER M LUNDSTROM

MGRM

02/26/2008

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