2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005
Secretary of State

DOCUMENT# L04000079336

Entity Name: MULTICARE LLC

Current Principal Place of Business:

1601 RENOLOS ST.
PLANT CITY, FL 33573

New Principal Place of Business:

4012 FLORIDA AVE&4910 14THST
TAMPA & BRADENTON, FL 33604

Current Mailing Address:

PO BOX 93580
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 88-0434439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRONEN, L J
4012 FLORIDA AVE.
TAMPA, FL 33604 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: LJ KRONEN 01/26/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: KRONEN, LEONARD
Address: 4910 14 ST. SUITE 201
City-St-Zip: BRADENTON, FL 34207

Title: MGR ( ) Delete
Name: DNIETOR, SUSAN
Address: 4012 FLORDA AVE.
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KRONEN, LEONARD DR.
Address: 4910 14 ST. SUITE 201
City-St-Zip: BRADENTON, FL 34207

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: DR.LJ KRONEN MGRM 01/26/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date