

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079336

Entity Name: MULTICARE LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

2445 HYW 98
LAKELAND, FL 33804

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, LJ
4012 FLORIDA AVE.
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

ALLEN DELL ESQ
ROME AVE
TAMPA, FL 33604 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: GARY WALKER

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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 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: LKRONEN

MGRM

04/30/2006

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