

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079336

Entity Name: MULTICARE LLC

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

2445 HYW 98
LAKELAND, FL 33804

New Principal Place of Business:

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:

ALLEN DELL ESQ
ROME 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:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KRONEN, LEONARD DR.
Address: 2445 HYW 98N
City-St-Zip: LAKELAND, FL 33805

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: L KRONEN

MGRM

04/29/2007

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