

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079336

Entity Name: MULTICARE LLC

FILED
May 06, 2009
Secretary of State

Current Principal Place of Business:

2445 HYW 98
LAKELAND, FL 33804

New Principal Place of Business:

440 EASTSHORE DR
CLEARWATER, FL 33616

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLEN DELL ESQ
ROME AVE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

MEDCARE LLC
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: S LEEDS

05/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KRONEN, LEONARD DR.
Address: PO BOX 93580
City-St-Zip: LAKELAND, FL 33804

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: LKRONEN

MM

05/06/2009

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