

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079336

Entity Name: MULTICARE LLC

FILED
Apr 27, 2010
Secretary of State

Current Principal Place of Business:

440 EASTSHORE DR
CLEARWATER, FL 33616

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:

MEDCARE LLC
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
Name: KRONEN, L
Address: PO BOX 93580
City-St-Zip: LAKELAND, FL 33804

I hereby 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

04/27/2010

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