

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000022956

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** GERI-CARE CONNECTION SOUTH LLC

**Current Principal Place of Business:**

401 W. ATLANTIC BLVD.  
014  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

158 JELLIFF MILL RD.  
NEW CANAAN, CT 06840

**New Mailing Address:**

**FEI Number:** 75-3185489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEFFREY S. GEROW, P.A.  
4800 NORTH FEDERAL HWY  
SUITE 307B  
BOCA RATON, FL 33431 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:** FARNHAM, JOHN PAULDING III  
**Address:** 2542 BESSIE ST.  
**City-St-Zip:** BOCA RATON, FL 33444

**Title:** MGRM  
**Name:** FARNHAM, RINDA  
**Address:** 158 JELLIFF MILL RD.  
**City-St-Zip:** NEW CANAAN, CT 06840

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:** JOHN P. FARNHAM

VP

02/08/2010

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