

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90070 002 \*\*\*\*50.00

**DOCUMENT # L05000023382**

1. Entity Name  
**COMMUNITY CARE MELROSE, LLC**



Principal Place of Business  
**3500 FINANCIAL PLAZA  
4TH FLOOR  
TALLAHASSEE, FL 32312**

Mailing Address  
**3500 FINANCIAL PLAZA  
4TH FLOOR  
TALLAHASSEE, FL 32312**

40059499

2. Principal Place of Business  
**310 SR 26**  
Suite, Apt. #, etc.

3. Mailing Address  
**2615 NE 17th Terrace**  
Suite, Apt. #, etc.

04172006 Chg-LLC CR2E083 (11/05)

City & State  
**Melrose, Florida**

City & State  
**Gainesville, FL**

4. FEI Number  
**20-2495536**

Applied For  
Not Applicable

Zip  
**32666**

Country  
**USA**

Zip  
**32609**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BOLLMAN, KYLE M  
3500 FINANCIAL PLAZA  
4TH FLOOR  
TALLAHASSEE, FL 32312**

**7. Name and Address of New Registered Agent**

Name  
**Jon C. Thomas**

Street Address (P.O. Box Number is Not Acceptable)  
**2615 NE 17th Terrace**

City  
**Gainesville** **FL** Zip Code  
**32609**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

April 20, 2006

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**MGR** ☒ Delete  
NAME  
**BOLLMAN, KYLE M**  
STREET ADDRESS  
**3500 FINANCIAL PLAZA, 4TH FLOOR**  
CITY-ST-ZIP  
**TALLAHASSEE, FL 32312**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
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NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE  
**CEO** ☐ Change ☒ Addition  
NAME  
**Jon C. Thomas**  
STREET ADDRESS  
**2615 NE 17th Terrace**  
CITY-ST-ZIP  
**Gainesville, FL 32609**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 20, 2006

Date

352-372-1447

Daytime Phone #