

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000028849

Entity Name: CONCERNED CARE, LLC

**FILED**  
**Jan 09, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

7721 HOLIDAY DRIVE  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

7721 HOLIDAY DRIVE  
SARASOTA, FL 34231

**New Mailing Address:**

FEI Number: 20-2724434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRADEN, LISA  
4623 FOREST HILL BLVD., SUITE 111  
WEST PALM BEACH, FL 33415 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: DUDENHOEFFER, THOMAS K  
Address: 7721 HOLIDAY DR.  
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS K DUDENHOEFFER

PRES

01/09/2006

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