

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028849

Entity Name: CONCERNED CARE, LLC

FILED
Mar 26, 2008
Secretary of State

Current Principal Place of Business:

7721 HOLIDAY DRIVE
SARASOTA, FL 34231

New Principal Place of Business:

3900 CLARK RD
SUITE L-2
SARASOTA, FL 34233

Current Mailing Address:

7721 HOLIDAY DRIVE
SARASOTA, FL 34231

New Mailing Address:

3900 CLARK RD
SUITE L-2
SARASOTA, FL 34233

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:

DUDENHOEFFER, THOMAS K MD
3900 CLARK RD
SUITE L-2
SARASOTA, FL 34233 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: THOMAS K. DUDENHOEFFER, MD

03/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: DUDENHOEFFER, THOMAS K MD
Address: 3900 CLARK RD
City-St-Zip: SARASOTA, FL 34233

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: THOMAS K DUDENHOEFFER, MD

PRES

03/26/2008

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