

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058971

FILED
Feb 25, 2009
Secretary of State

Entity Name: THE LIMB CARE CENTER LLC

Current Principal Place of Business:

1309 FLAGSHIP CT
ST AUGUSTINE, FL 32080

New Principal Place of Business:

104 CARVER STREET EAST
ST AUGUSTINE, FL 32080

Current Mailing Address:

1309 FLAGSHIP CT
ST AUGUSTINE, FL 32080

New Mailing Address:

P O BOX 840093
ST AUGUSTINE, FL 32080

FEI Number: 22-3914631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CECIL, NANCY S EA
201 HERITAGE CT
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

TAYLOR, WAINIO & NEVILLE, PA
320 HIGH TIDE DRIVE, SUITE 201
ST AUGUSTINE, FL 32080 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: TODD D. NEVILLE

02/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEREIRA, RYAN
Address: 1309 FLAGSHIP CT
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEREIRA, RYAN
Address: 104 CARVER STREET EAST
City-St-Zip: ST AUGUSTINE, FL 32080

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: RYAN PEREIRA

MGRM

02/25/2009

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