2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L05000083937

Entity Name: CARE ONE OF FLORIDA L.L.C.

Current Principal Place of Business:

5412 GOLDDUST ROAD
SPRING HILL, FL 34609

New Principal Place of Business:

497 MARINER BOULEVARD
SPRING HILL, FL 34609

Current Mailing Address:

5412 GOLDDUST ROAD
SPRING HILL, FL 34609

New Mailing Address:

497 MARINER BOULEVARD
SPRING HILL, FL 34609

FEI Number: 25-1924516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVIANO, STACIE
5412 GOLDDUST ROAD
SPRING HILL, FL 34609 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 ( ) Delete
Name: LAVIANO, ANTHONY
Address: 5412 GOLDDUST ROAD
City-St-Zip: SPRING HILL, FL 34609

Title: MGRM ( ) Delete
Name: LAVIANO, STACIE
Address: 5412 GOLDDUST ROAD
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: STACIE LAVIANO MGRM 04/30/2006

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