

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091312

Entity Name: DEAN SPECIAL CARE LLC

FILED  
Sep 11, 2008  
Secretary of State

**Current Principal Place of Business:**

3912 S.W. LEESBURG STREET  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

3912 S.W. LEESBURG STREET  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CODLING-WILLIAMS, ALDENE A  
3912 S.W. LEESBURG STREET  
PORT ST. LUCIE, FL 34953 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CODLING-WILLIAMS, ALDENE A  
Address: 3912 S.W. LEESBURG STREET  
City-St-Zip: PORT ST. LUCIE, FL 34953

**ADDITIONS/CHANGES:**

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

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: ALDENE CODLING

MGR

09/11/2008

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