2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# L05000096300

Entity Name: LAKE CENTRE HOME CARE, LLC

Current Principal Place of Business:

600 NORTH BOULEVARD WEST
SUITE B
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 491654
LEESBURG, FL 34749 US

New Mailing Address:

FEI Number: 20-3575237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDSTEIN, GERALD
2918 COCOVIA WAY
LEESBURG, FL 34748 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:	GOLDSTEIN, GERALD	
Address:	2918 COCOVIA WAY	
City-St-Zip:	LEESBURG, FL 34748 US	
Title:	MGRM	( ) Delete
Name:	GOLDSTEIN, ROBERT J	
Address:	10160 SE 139TH PLACE	
City-St-Zip:	SUMMERFIELD, FL 34491 US	
Title:	MGRM	( ) Delete
Name:	BLAQUIER, ANDRE D	
Address:	2950 SE 157 LANE ROAD	
City-St-Zip:	SUMMERFIELD, FL 34491 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: GERALD GOLDSTEIN PT 02/26/2009

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