

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002583

Entity Name: HB CARE SERVICES, LLC

FILED
Apr 18, 2011
Secretary of State

Current Principal Place of Business:

7501 LYNCREST ST
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

7501 LYNCREST ST
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 20-4690206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, SHARLENE
7501 LYNCREST ST
NORTH PORT, FL 34287 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
Name: BROWN, SHARLENE
Address: 7501 LYNCREST ST
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM
Name: HALEY, SYLVIA
Address: 7501 LYNCREST ST
City-St-Zip: NORTH PORT, FL 34287

Title: MGR
Name: MOODIE, JOY
Address: 10129 FIELDSTONE COURT
City-St-Zip: CHARLOTTE, NC 28269

I hereby 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: SHARLENE BROWN

MGRM

04/18/2011

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