

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012696

FILED
Apr 12, 2007
Secretary of State

Entity Name: COVENTRY ADULT CARE, LLC

Current Principal Place of Business:

3101 N. WILDER ROAD
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

3101 N. WILDER ROAD
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 20-3105324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POZEZNIK, FRED
3101 N. WILDER ROAD
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

POZEZNIK, FRED M
3101 N. WILDER ROAD
PLANT CITY, FL 33566 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: FRED M POZEZNIK

04/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POZEZNIK, FRED
Address: 3101 N. WILDER ROAD
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: POZEZNIK, FRED M
Address: 3101 N. WILDER ROAD
City-St-Zip: PLANT CITY, FL 33566

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: FRED M POZEZNIK

MGR

04/12/2007

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