

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036845

FILED
Jun 05, 2008
Secretary of State

Entity Name: ABSOLUTE CARE PLANNING, LLC

Current Principal Place of Business:

519 NW 60TH ST. SUITE E
GAINESVILLE, FL 32607 US

New Principal Place of Business:

3601 SW 2ND AVENUE
SUITE G
GAINESVILLE, FL 32607 US

Current Mailing Address:

519 NW 60TH ST. SUITE E
GAINESVILLE, FL 32607 US

New Mailing Address:

3601 SW 2ND AVENUE
SUITE G
GAINESVILLE, FL 32607 US

FEI Number: 20-4674626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

WEMMER, CHRISTINA M
1505 FT. CLARKE BLVD
12-304
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

WEMMER, CHRISTINA M
5102 SW 83RD TERRACE
GAINESVILLE, FL 32608 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: CHRISTINA M. WEMMER

06/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEMMER, CHRISTINA M
Address: 1505 FT. CLARKE BLVD #12-304
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGRM () Delete
Name: POMERANZ, JAMIE L
Address: 13128 SW 3RD LANE
City-St-Zip: NEWBERRY, FL 32669 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEMMER, CHRISTINA M
Address: 5102 SW 83RD TERRACE
City-St-Zip: GAINESVILLE, FL 32608 US

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: CHRISTINA M. WEMMER

MGRM

06/05/2008

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