

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036845

FILED
May 03, 2010
Secretary of State

Entity Name: ABSOLUTE CARE PLANNING, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-4674626 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

WEMMER, CHRISTINA M
5102 SW 83RD TERRACE
GAINESVILLE, FL 32608 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: WEMMER, CHRISTINA M
Address: 5102 SW 83RD TERRACE
City-St-Zip: GAINESVILLE, FL 32608 US

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

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: CHRISTINA M. WEMMER

MGRM

05/03/2010

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