

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036845

FILED
Jan 28, 2011
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:

13128 S.W. 3RD LANE
NEWBERRY, FL 32669 US

Current Mailing Address:

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

New Mailing Address:

13128 S.W. 3RD LANE
NEWBERRY, FL 32669 US

FEI Number: 20-4674626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

POMERANZ, JAMIE L
13128 S.W. 3RD LANE
NEWBERRY, FL 32669 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: JAMIE POMERANZ

01/28/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: POMERANZ, JAMIE L
Address: 13128 S.W. 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: JAMIE POMERANZ

MGRM

01/28/2011

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