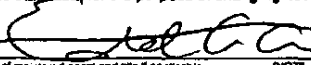


FILED
Jul 13, 2007 8:00 am
Secretary of State

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05-17-2007 90173 047 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000038120			
1. Entity Name GERIATRIC CARE PARTNERS, L.L.C.			
Principal Place of Business 500 S FLORIDA AVENUE #340 LAKELAND, FL 33801		Mailing Address PO BOX 2924 LAKELAND, FL 33806	
2. Principal Place of Business - No P.O. Box # 439 S. Florida Ave Suite, Apt. #, etc. Suite 300		3. Mailing Address Same as place of business Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State	
Zip 33801	Country	Zip	Country
4. FEI Number 20-4912319		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ALLEN, EDWARD A 500 S FLORIDA AVENUE #340 LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN & OLSON MANAGEMENT SERVICES, LLC 500 S FLORIDA AVENUE #340 LAKELAND, FL 33801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOGEL, SHERRILL N 1117 SANDPIPER COURT LAKELAND, FL 33813 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		5/1/07 863-683-1300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	