

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038120

FILED
Feb 24, 2009
Secretary of State

Entity Name: GERIATRIC CARE PARTNERS, L.L.C.

Current Principal Place of Business:

439 S FLORIDA AVE STE 300
LAKELAND, FL 33801

New Principal Place of Business:

1117 SANDPIPER COURT
LAKELAND, FL 33802

Current Mailing Address:

439 S FLORIDA AVE STE 300
LAKELAND, FL 33801

New Mailing Address:

1117 SANDPIPER COURT
LAKELAND, FL 33802

FEI Number: 20-4912319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOGEL, SHERRILL N
1117 SANDPIPER CT
LAKELAND, FL 33813 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: MGR () Delete
Name: VOGEL, SHERRILL N
Address: 439 S FLORIDA AVE STE 300
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VOGEL, SHERRILL N
Address: 1117 SANDPIPER COURT
City-St-Zip: LAKELAND, FL 33813

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: SHERRILL N VOGEL

MGR

02/24/2009

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