


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90043 014 \*\*\*\*50.00

<b>DOCUMENT # L06000055769</b> 1. Entity Name <b>THE RETREAT NURSING SERVICES, LLC</b>					
Principal Place of Business <b>6154 TURNBURY PARK DRIVE, #2206</b> <b>SARASOTA, FL</b>			Mailing Address <b>6154 TURNBURY PARK DRIVE, #2206</b> <b>SARASOTA, FL</b>		
2. Principal Place of Business - No P.O. Box # <b>1800 Second St.</b> Suite, Apt. #, etc. <b>Suite 810</b> City & State <b>SARASOTA FL</b> Zip <b>34236</b> Country <b>SARASOTA</b>		3. Mailing Address <b>1800 Second St.</b> Suite, Apt. #, etc. <b>Suite 810</b> City & State <b>SARASOTA FL</b> Zip <b>34236</b> Country <b>SARASOTA</b>			
4. FEI Number <b>205105409</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04262007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>W. BARTLETT SCOVILL, P.A.</b> <b>1605 MAIN STREET, SUITE 912</b> <b>SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GONTAREK, CHRISTIAN</b> <b>6154 TURNBURY PARK DRIVE, #2206</b> <b>SARASOTA, FL</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>Christian Gontarek</b> 4/25/07 941-809-6798					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					